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ORIGINAL DEPARTMENT.

LECTURE.

THE NEW ANTISEPTIC, HYDRONAPHTHOL.

BY R. J. LEVIS, M. D.,

Of Philadelphia.

Reported by DR. M. E. HENNESSY.

There is an element of danger in all compound fractures which does not enter into simple ones, however severe they may be. Germinal matter from the atmosphere enters the wound, tending to produce putrefaction, which is the ordinary cause of septic infection and interference with the formation of callus. If a clot of blood undergo putrefaction, it cannot form bone. Herein lies the great value of antiseptics in compound fractures. As an illustration of their efficacy, here is a man aged 40 years, admitted to the hospital October 7, with a severe compound comminuted fracture of the leg, the result of a heavy hogshead falling upon it. When the case first presented, the question of amputation arose.

On the anterior surface of the leg was an external opening more than an inch in length, from which fragments of bone protruded. This opening I enlarged, and from it removed seven detached pieces of bone. The wound was then thoroughly washed out with a solution of the bichloride of mercury (strength 1-1000), and closed with a carbolized dressing. (I may here remark that as carbolic acid is volatile, dressings containing it should have an additional covering of waxed-paper, oil-silk, or something of the kind.) During each removal of the dressing, the parts were irrigated with carbolized water.

The day after the operation, the patient's temperature rose to 101° F.; since then it has been

normal, and the patient on the road to complete recovery without one unpleasant symptom.

In the surgical wards of this hospital can be seen rows of cases of compound fractures, which, under antiseptic precautions, do quite as well as simple fractures.

Hitherto it has been somewhat the custom to use the words "antiseptic," "germicidal," and "disinfectant," as synonymous terms, or at least in a loose manner; there is, however, an important distinction to be observed, and it is now becoming customary to speak of such substances as are both germicidal and antiseptic, as disinfectants or germicides; while those which are antiseptic without possessing the power of killing organisms endowed with a decidedly tenacious hold on life, such as anthrax, are called antiseptics. This distinction is probably the best attainable with our confessed want of knowledge of the life history of these lower organisms. Sternberg asserts that "the vital resistance of bacterial organisms to chemical reagents differs within certain limits for certain species."

Therefore, unless some known standard of vitality were fixed, different investigators would use the special terms, "disinfectant," "antiseptic," and "germicidal," with different meanings, and the consequent confusion would be great. It is best, then, that the term germicide should be limited to such agents as will destroy reproductive spores; because these possess powers of resistance far in excess of bacterial organisms in which development takes place by the process known as "multiplication by fission."

If, therefore, the reproductive spores be taken as the standard test of strength of a given germi-

icide, but few agents supposed to be active germicides are found to be efficient in solutions which it were safe to employ in practical surgery.

The one exception to this rule is bichloride of mercury; and even this has been shown to be an unstable antiseptic.

Hydronaphthol, the new antiseptic recently introduced into the surgical world by Dr. George R. Fowler, of Brooklyn, bids fair to supersede most of the antiseptics now in common use, as its claims are undoubtedly stronger than those of any one agent at our command.

It is antiseptic in the truest sense of the word—it prevents putrefaction. Its action is chiefly inhibitory, and excepting corrosive sublimate, it is most powerful in this particular.

To review what Dr. Fowler has brought forward in its favor—

1. It is non-irritant, non-poisonous, and non-corrosive.

2. Though only soluble in water to the extent of one part of hydronaphthol to one thousand parts of water, in this proportion it is antiseptic.

3. It is inodorous, hence cannot disguise the odor of putrefaction.

It is not decomposed nor rendered inert by the products of putrefactive decomposition—such as sulphuretted hydrogen, ammonia, etc. It is not volatile at the ordinary temperature of the atmosphere, hence is more stable than carbolic acid, than which it is fifteen times more efficient. It is positively harmless alike to tissues and fabrics.

Being non-corrosive, it will not injure the polished surfaces and keen edges of cutting instruments, and is in this respect more desirable than corrosive sublimate.

A saturated solution, as above stated, is about the strength of 1 to 1000, and in this proportion, perfectly preserves for an indefinite time, animal tissues and fluids; yet, upon living tissues this solution has no other perceptible effect than the formation of a slight albuminous film—this being rather an advantage than otherwise, as it secures against infective germs floating in the atmosphere.

It is easily powdered, and in this state triturated with carbonate of magnesia or oxide of zinc, etc., etc., in the proportion of two parts of hydronaphthol to one hundred parts of one of the above-named substances (oxide of zinc probably the best) may be dusted over the wounds, along the lines of incisions, and over the mouths of drainage-tubes—in this latter application, it presents an advantage over iodoform, now so commonly used, in that it does not dry up the serum

escaping from the wound cavity, and thus block up the exit extremity of the tube.

Its ten per cent. (alcoholic) solution perfectly sterilizes silk, and hardens, sterilizes, and preserves cat-gut.

Though as an antiseptic it proved active in arresting the development of bacteria in the proportion of 1-1000 parts, it did not stand the test of a germicide in a solution five times above saturation.

Here, as elsewhere, holds good the old proverb, "An ounce of prevention is worth pounds of cure." If we prevent the formation of sepsis in a given case, we will obviate the necessity for a germicide or disinfectant.

This week, for the first time, we relied upon hydronaphthol as the sole antiseptic used in a case of compound fracture of the leg. When the patient was admitted to the hospital, he had a temperature of 100° F.; now, at the end of the fourth day, it is normal, and the wound doing well in every respect.

As a true germicide, for use where septic conditions already exist, the bichloride of mercury is the most efficient agent; for simple antisepsis, or inhibitory or preventive action, hydronaphthol appears to be preferable for general use, and may well displace carbolic acid.

Philadelphia, October 29, 1885.

COMMUNICATIONS.

PAIN REFERRED TO THE EYES.

BY F. C. RILEY, M. D.,
Of New York.

Pain undoubtedly ranks as one of the highest subjective symptoms in the estimation of most people. To ascertain the degree of pain existing in a given case, it is essential to note carefully the accompanying facial expression, as it is often truly indicative. The latter may assume an exaggerated degree of intensity, leading the observer to anticipate a more serious affliction than in reality exists; this depending, in part, upon the individuality of the sufferer—the neurotic element possessed, and the general composition of his characteristics.

Carefully considering the delicacy, timidity, or heroism of an individual, the real degree of pain existing can be quite accurately ascertained, and such estimation is often a true indication of the amount of impairment an affected organ has undergone.

As a means of diagnosis, pain, as a symptom,

should not be too slightly reckoned. Pain is of a relative degree always, and although the individual suffering may not draw any fine distinctions, reflection on the subject not being accorded during the paroxysms, a recollection of this fact may be of service to the physician.

Pain referable to functional disorders is often more severe than that dependent upon organic derangements, thus demonstrating that pain, *per se*, is not a reliable symptom upon which to rest an opinion regarding the ultimate result in most instances.

Referred to the region of the eyes, pain may be of an acute or chronic nature, and either character may predominate in cases of functional as well as organic disturbances.

FOREIGN BODIES IN THE EYE PRODUCING PAIN.

Probably as frequent a cause of sudden and severe pain is the advent of some foreign particle within the palpebral opening. Such a particle, be it a cinder, or chipping of steel or stone, is generally possessed of a very rough and jagged surface, which, while in contact with the delicate structure lining the lids, as well as that covering the front of the eyeball, produces a scratching of these membranes, and the most intense pain ensues. True, the tears may have a dissolvent action upon such a particle, and after a little time has elapsed it, in consequence, becomes more smooth, and produces less irritation. It is therefore inadvisable to resort to rubbing the eye just subsequent to the entrance of a foreign body, for by so doing, more conjunctival surface becomes scratched and irritated, and the danger of super-vention of inflammatory action increased.

Foreign bodies of whatever nature should be removed as soon as practicable, thus, relieving the patient of the temporary annoyance they cause, as well as to prevent any inflammation that their presence might entail.

An eye-lash is frequently the cause of much painful annoyance, if perchance it becomes turned in, so that its free end pricks or rubs upon the front of the eyeball or the lining of the lids. Inspection is all sufficient to determine if such a condition exists, and is accountable for the discomfort experienced.

Conjunctivitis, granular lids, etc., are terms which designate varying degrees of inflammation of the conjunctiva or membrane lining of the eyelids. The order most frequently met with of an acute nature is catarrhal conjunctivitis, and often accompanies a "cold in the head," or an acute catarrh of the upper respiratory tract. The inflammation is at times severe, and the pain ex-

perienced considerable. An excessive secretion of a muco-purulent nature causes much alarm, and inconvenience, especially the latter, as the overflow of secretion from the lids bathing the lashes, eventually causes those of the upper lids to adhere to those of the lower, and, evaporation ensuing, a hard crust is formed, which binds them securely together. This condition is most frequently observed subsequent to a nap or night's sleep, although in cases occurring in infancy, the agglutination of the lids is quite constant, except it be prevented by frequent bathing. The character of the pain attending all forms of conjunctival trouble is similar and is best illustrated by the action of astringents when instilled between the lids. It also resembles the sensation of sand in the eye.

Sties, with which all are more or less familiar, are at times very painful, they being of the nature of a small boil in the margin of the lid. Inspection is sufficient to determine their existence.

KERATITIS: AN INFLAMMATION OF THE CORNEA—THE TRANSPARENT MEMBRANE FORMING THE FRONT PART OF THE EYEBALL.

Inflammation of the cornea is especially painful. The terminal nerve-filaments in this structure are exceedingly sensitive and become completely exposed while the cornea is undergoing an ulcerative or inflammatory action. In consequence of this exposure, the atmosphere irritates them in the same manner as it does the nerve terminations existing in a denuded surface of skin, the result of a burn, and with the same distressing result.

The evaporation of moisture constantly occurring causes intense pain and photophobia (intolerance of light), and the eyes are consequently closed for protection. When closed, however, the epithelial cells of the conjunctiva rubbing over the ulcerated and diseased surface irritates sufficiently to produce constant pain in the part. Thus it is seen that with affections of the cornea, pain is necessarily present, and is often very severe.

IRITIS: INFLAMMATION OF THE IRIS.

In this affection the pain is very acute at times and generally of an intermitting nature. It involves the region of the eyeball, shooting upwards and outwards, traversing the forehead and temples, producing the most intense frontal neuralgia.

The pain attending an attack of iritis, whether due to exposure to cold (rheumatic iritis) or to general systemic disease, may be equally distressing. The appearance of the muscle (iris) gener-

ally exhibits sufficient evidence of an inflammatory state upon which to make a correct diagnosis.

REFRACTIVE ERRORS, OR OPTICAL DEFICIENCIES, A
VERY GENERAL CAUSE OF PAIN ABOUT
THE EYES.

Such errors are of several kinds, and can only be determined by skilful investigation. Pain following upon steady and protracted use of the eyes at any close occupation, such as reading, writing, etc., is significant of an optical deficiency. The amount of pain in such cases seems not to be dependent wholly upon the mathematical degree of the deficiency, but rather upon the general muscular tone or lack of tonicity existing in an individual. The feeble and poorly-nourished suffer a greater degree of pain subsequent to protracted muscular exertion than do those of a more robust nature. The latter are able to maintain an equilibrity of muscular action for longer periods with much less inconvenience and fatigue. It is absolutely essential that equilibrity of muscular action exist in order to maintain good vision. Provided a refractive error remains uncorrected it can only be overcome by muscular effort, of an involuntary nature it is true, but just as fatiguing to the muscles called upon as would it be were it an act of volition and preference.

Such effort is frequently insufficient to accomplish and maintain the compensation necessary to perfect sight, and the impairment of the latter is the direct cause of apprehension.

In other instances the equilibrity of muscular action may be maintained for long periods and no pain result, when, after some effort a trifle more severe than common, an intense neuralgia gives notice of something wrong.

Pain incited by refractive or optical deficiencies may assume many and divers forms under various circumstances. The most common and persistent is of a dull and continuous order located principally in the back of the eyes and extending over the forehead. It is often accompanied with a sense of burning and itching of the eyelids. The eyes feel abnormally dry, and an irresistible desire to close and rub them supervenes.

A mild form of conjunctivitis frequently appears in connection with the foregoing, and most effectually resists all therapeutic measures; which is not to be wondered at, when it is remembered that the causes being of a refractive nature, can not be removed by any topical remedies to the conjunctival membrane. Pain caused by refractive errors has its seat in the muscles governing the movements of the eyeball, which are not only

called upon to perform their function, as intended by nature, but undergoing a superlative action in an endeavor to atone for nature's optical deficiency.

Under such circumstances the eyes of the patient should be carefully tested for any error that may exist, and when found, properly corrected, when the muscles will no longer be called upon for extra work, and relief consequently obtained.

Pain referred to the eyes may depend upon causes or complications not enumerated above; nevertheless, the foregoing incitants may be considered as by far the most frequent, while at the same time they amply illustrate the general significance of pain referred to these important organs.

105 Madison Avenue.

SOME ERRORS IN PHYSICAL DIAGNOSIS.*

BY WM. PORTER, M. D.,
Of St. Louis, Missouri.

The doctor opened with the statement that in a society like this clinical facts are most in demand, and his hearers as physicians in active practice, have probably little time or inclination for the discussion of theories. Hence the doctor chose to bring before them a few cases in which errors had been made by himself and others in early diagnosis. Carelessness in examination was not the fault, but in each was a hidden snag in the channel of successful investigation.

In the first case, the diagnosis at the initial examination was haemoptysis. Mr. N., of slight figure, but in fairly good general health, consulted me two years ago, after having had a slight hemorrhage, in which the blood came freely, though not in large quantities, mixed with mucous. Physical examination found slight pharyngitis, some redness of the vocal chords and laryngeal hyperæmia, and in the right infra-clavicular region, where he had pain, there was some dullness and small mucous rales, and mucous non-purulent expectoration. Slight elevation of temperature, and pulse 98. A few weeks later I saw him during a hemorrhage. He again referred to a pain in the chest. This time I found little or no dullness, and no rales or other symptoms of bronchial or pulmonary lesion. Looking into his pharynx, I saw blood slowly trickling down from behind the soft palate, and with the rhinoscopic mirror found the lesion to be a ruptured superficial vessel, high

* Abstract of paper read before the Mississippi Valley Medical Society, September 9, 1885.

upon the posterior pharyngeal wall, a phlebectasis pharyngia.

Hemorrhage from the larynx and pharynx may, under certain conditions, be thought to be haemoptysis, especially if abnormal bronchial or pulmonary conditions be present. Laryngeal hemorrhages are not well recognized phenomena, though not very often seen even by the laryngologist. Sometimes the lesion is submucous, as reported by Fraenkel* and Sommerbrodt, when we have rapid infiltration of the laryngeal tissues, and consequent dyspnoea. Hartman† reports a case in which had there been no laryngoscopic examination the hemorrhage would undoubtedly have been considered bronchial in its origin. There are few cases of bleeding from the air-passages in which a pharyngeal and laryngeal examination should be omitted, if only to confirm the diagnosis by exclusion.

The next case is not one of error in location, but of nature.

Mr. T., aged 50, came under notice in September, '76, with the physical signs of phthisis sufficiently well marked to warrant a diagnosis. There was a dullness over a small area two and a half inches below the clavicle, prolonged expiration, cough, expectoration, and shortness of breath. At first, the true nature of the disease was not suspected, and he was treated as an ordinary case of phthisis. Later he complained of pain over the tibia, and frequent headaches. Upon inquiry, he gave a history of syphilis contracted twelve years ago, but thought that he had been entirely cured. Under specific treatment he was relieved of his pain, and his pulmonary symptoms became less urgent, and in one year no evidence of deposit in the lungs could be found. He has improved in weight, strength, and appetite, and considers himself almost well. It is reasonable to suppose that this patient was suffering from tertiary syphilis, that there was a deposit or syphilitic nodule in the left lung, which at first was supposed to be tubercular infiltration, and that under the influence of anti-syphilitic remedies this was removed, at least so far as to give no evidence of its existence.

In every case, the diagnosis must depend in a great measure upon the history of the disease. There can be but little difference between the physical signs of this and the ordinary tubercular disease. In both forms there is a deposit. May be hemorrhage and cavities may result from breaking down of infiltrated masses.

It is well to remember that syphilis of the lung is now a well recognized condition, and may closely simulate phthisis pulmonalis in physical symptoms. Hutchinson, in his essay on constitutional syphilis, enumerates almost every organ but the lungs as the seat of tertiary trouble, yet Fournier, Goodhardt, Von Barenprung, and Rollet, in Europe, and Tiffany and the writer, in this country, have made reports of this trouble.

A young lady came to the writer with what seemed an almost complete stricture of the oesophagus. There was a history of dysphagia and well defined pain beneath the sternum and above the cardiac orifice for eighteen months. For eight months she had subsisted on liquid food. An attempt to pass the oesophageal sound failed. Organic stricture was thought probable—spasmodic stricture possible. After tonic treatment for some time a No. 12 bougie was passed. Deglutition immediately improved. The diagnosis of spasmodic stricture is assured.

Next case, man aged 30, general health good. In winter of '62, while in the army and much exposed, "caught cold in his throat." Hoarseness ensued, and in twenty-four hours his voice was quite gone. Since then, 11½ years, he had never spoken aloud. Several physicians had said the aphonia was permanent. With the laryngoscope the writer found a slight bilateral paralysis of the adductor muscles of the vocal cords, which was barely sufficient to produce aphonia, the cords moving when phonation was attempted almost to the median line, leaving only a narrow space between them. Two applications of faradization completely restored phonation, and has remained perfect. It is interesting to note there was no atrophy of the parts, though there had been no treatment for so long.

He next reported a case of reflex asthma in a woman, aged fifty-one. The nares were found filled with small polypi. Upon these being removed, the dyspnoea gradually disappeared.

The next case was one treated for chronic nasopharyngeal catarrh, for a long time with no success. At last a foreign body was expelled from one nostril, and recovery followed soon after. It was an embryonic tooth which had evidently ulcerated through into the maxillary sinus, and so escaped into the nostril, owing, no doubt, to the thinness of the floor of the antrum.

In reviewing these mistakes, I trust I have not, in so doing, added to the list. The most proficient among us often err. We are fortunate when we can learn from our errors.

* Berlin Klin. Wochenschrift, 1874.

† Am. Laryngological Association, 1879.

THE DEVELOPMENT OF THE CHEST.

BY JOSEPH H. LOPEZ, M. D.,

Of Philadelphia,

Physician to St. John's Orphan Asylum.

The general practitioner is frequently asked by anxious parents, "What shall I do for my boy; he is getting so awfully stoop-shouldered that I am afraid he will get consumption; I will have to get him a brace. What kind would you recommend?"

Many different instruments have been devised for such cases, the most of them more or less clumsy and uncomfortable, imposing a certain amount of uneasiness, if not actual pain. This causes the average boy to rebel at what he considers an instrument of torture, devised for the express purpose of rendering him miserable. He is ever ready to discard it, not caring at what sacrifice on the part of his parents it was procured for him.

It requires no extended argument to prove the importance of a well expanded chest. Apart from the incalculable benefits to health, an erect carriage and graceful movements attract the attention of the most humble. It causes them to correct, as far as they are able, in their children any tendency to awkward, stooping, or ungainly positions. Apart from the cost and inconvenience of expensive instruments, but few meet the requirements. In many cases better results may be obtained by attending to a few simple details, within the reach of every one, in the ordinary clothing.

The boy's pockets are to him a very important part of his dress, and the natural tendency is to keep his hands in them. When not actively engaged, there they are usually found, and if the pockets are properly placed, they will inadvertently cause him to throw back the shoulders and more or less expand the chest. For instance, the jacket or overcoat should have what is called breast-pockets, the opening should be high and as far back as possible, parallel with and in the line of the body, instead of low down and transverse as usually found in the ordinary jacket or overcoat.

The pants should have what are called "hip-pockets," and no others. It will then be apparent that whilst the hands are in the pockets, a better, if not a perfect, position will be assumed, and the boy spared the many admonitions to "Keep your hands out of your pockets," and the accompanying box on the ear.

There is another and important advantage in the hip-pocket. It is well known that the boy's

pocket is the receptacle for all known articles in the world, from an inkstand to a hard-boiled egg —a sort of general depot. Thus distended, as they frequently are, at times they are apt to cause pressure and friction in the region of the genitalia; or, should the pockets be empty, the restless hands whilst in the ordinary side pockets often wander toward those organs, and thus bad habits be unwittingly acquired which may be difficult to correct and may prove disastrous in after life.

This can be prevented in a great measure by having only hip-pockets in the pants, and is of sufficient importance to claim the careful consideration of those who are entrusted with the care of the coming man.

Additional advantage might be derived by substituting for the ordinary school satchel, a knapsack similar to that used by soldiers. It could be made of some inexpensive material, with suitable curve for the back, with loops or straps for the shoulders, and belt around the waist by which an erect carriage could be secured. It need not be heavy, and by leaving the arms free to play marbles, throw stones, and indulge in many of the amusements peculiar to boys, would meet their approval, especially if ornamented and accompanied with a military cap.

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PROGRESS IN MEDICINE.*

BY ARCH. DIXON, M. D.,

Of Henderson, Ky.

A review of the history of medicine during the past year will bring to our attention much of interest. Solid advances have been made in methods of treatment, remedies of value have been added, and the usefulness of older ones confirmed. The introduction of cocaine as a local anæsthetic, had nothing more been done, would mark it as a year ever to be remembered by our profession. While other lands have been devastated with epidemics, ours has been exceptionally healthy, excepting a local epidemic of typhoid fever at Plymouth, Pa. Yellow fever and cholera have given us a wide berth. To-day the great question is, Is cholera a preventable disease, and if so, can it be averted from our shores? There is an old saying, that history repeats itself, and it is eminently true of the history of cholera. Beginning in India, where it is endemic, especially true of Bengal, where every third, sixth, ninth and twelfth years the great

* Abstract of paper read before the Mississippi Valley Medical Society, Sept. 9, 1885.

pilgrimages to Juggernaut and affiliated shrines assemble, it spreads slowly westward, following the routes of the returning pilgrims and in the course of traffic by land and sea, until it reaches Europe, where it prevails for a year or two before it is brought to this country. The influences of these pilgrimages on the epidemics of cholera can be traced from 1781 to the present epidemic in Spain and France. Unless measures are taken to prevent it, we shall have a repetition of those fearful visitations which, beginning at Quebec in 1832, extended to the Gulf, spreading horror and desolation in its track. There is no doubt that each and every visitation has been the result of importation.

Now, the point to be determined is, is the germ origin of the disease the true one? Is the germ always present in cholera; is it ever present elsewhere? Koch maintains there is a definite organism associated with cholera, and this opinion is supported by many of the best men of our profession, both in this country and in Europe.

After discussing the bacillus question in all its phases, he thought that it followed that the poison of cholera must be a micro-organism, for nothing but a living thing can reproduce itself, and I consider that Koch's position so far has remained unassailable. If then the germ theory of cholera be true and it be a contagious and portable disease, then as a matter of course it must be admitted that it is a preventable disease, and the point at once arises how best to destroy these germs. The answer is by disinfection and the proper use of germicides, with a sufficient quarantine to guarantee detention until the process is complete. Detention without disinfection is not effective. With the efficacy of germicides, quarantine should become what it is intended to be, a delusion, and not a snare. There is no better plan presented than that of Joseph Holt, M. D.,* president of the Louisiana State Board of Health, which the doctor presented in his paper. Perhaps in New Orleans, whose people have been so often scourged, these precautions of Dr. Holt may be carried out, but not elsewhere.

Dr. Rauch,† Secretary of the State Board of Health of Illinois, says that if no vessel were allowed to leave a port infected with cholera, or carrying persons or things from an infected region without being first made secure against the possibility of carrying the disease, it would of itself render unnecessary all other means of combating

cholera so far as we are concerned. But this has never been accomplished.

During the existence of Asiatic cholera in Europe this country is only safe when a system of sanitary supervision is practiced over the immigrant and his effects. The instructions of our best sanitarians if carefully heeded will demonstrate that cholera can be kept from our country.

The Italian Society of Royal Hygiene have arrived at conclusions which, owing to their experience with the cholera during the past year, are worthy of receiving great consideration. These conclusions the doctor quoted *in extenso*.

ON NATURAL AND IDEAL CHOLECYSTOTOMY.*

BY A. C. BERNAYS, M. D., M. R. C. S., ENG.,
Of St. Louis, Mo.

He related a case of ideal cholecystotomy performed on September 12, 1884, on Mrs. O., of St. Louis, who had been suffering for seven years almost constantly from biliary colic, with most excruciating pains, accompanied by nausea; no jaundice, but considerable emaciation was present. A large movable tumor in the right hypochondriac region. Diagnosis impossible. From explorative laparotomy he found a very much enlarged gall-bladder, the cystic duct occluded by a firmly impacted calculus. Puncture by trocar emptied a clear mucous fluid; then incision followed, and removal of twenty stones. The large obstructing calculus was removed through the gall-bladder in the same manner after considerable trouble. Czerny-Lembert suture of the incision. Bladder dropped back into abdomen. Case progressed favorably, complete recovery and relief of all symptoms. The author then gives a careful review of the anatomy, physiology, and some points in the history of the operations on the ducts, and also description of cholecystotomy, cholecystectomy, and cholecystenterostomy.

By *natural cholecystotomy* is meant *Sims' operation*, which exactly imitates nature in its method of relief.

By *ideal cholecystotomy* he means the method which aims at *immediate restitutio ad integrum*, successfully practiced by himself.

The paper concludes with the following propositions:

1. The symptoms which indicate an operation, opening the system of gall-vessels, are (1) jaundice, (2) paroxysmal pain, (3) tumor in the region

*Review of Quarantine and Maritime Sanitation, by Joseph Holt, M. D., New Orleans, 1885.

†North American Review, 1885.

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of the gall-bladder, (4) suppuration, (5) malignant disease, being either jointly or singly recognizable.

2. Obstruction of the common duct is no contraindication for cholecystotomy, but we may often save life by its early performance.

3. The incision in the linea alba must be preferred to the one parallel to the free margin of the ribs, when the diagnosis is in doubt regarding the seat of the obstruction.

4. Explorative laparotomy must be preferred to acupuncture or aspiration as a diagnostic measure.

5. The escape of bile through an abdominal fistula is not injurious to the process of normal digestion. The bile is an excretion, and probably has no more use in the intestinal canal than the urine in the bladder.

6. Three operations are justifiable in the treatment of biliary obstruction. They are cholecystotomy, *ideal* and *natural*; cholecystectomy, and cholecystenterostomy.

7. The operation of *ideal cholecystotomy* is indicated when the bladder and ducts are normal, and when all the ducts have been cleared of obstructing material.

8. *Natural cholecystotomy* is indicated when the bladder is diseased, or when an obstruction is found to be immovable.

9. *Cholecystectomy* should be limited to malignant disease of the bladder; *cholecystenterostomy* can not yet be classed among legitimate procedures.

the case of a baby in private practice, who had been born apparently healthy (after some years of immunity on the part of the parents), and who evidenced no symptoms of syphilis until he was six months old, when, after vaccination, he was covered with a specific eruption from head to foot, though the virus used was bovine; the irritation of the vaccination brought out the latent syphilis. We should be extremely careful, for when such a case occurs, we might be apt to consider all the possibilities of syphilis as passed, when such was not the case. Syphilis manifests itself in so many peculiar ways, it is so protean, that it behooves us to be very careful in venturing our opinion. In order that we may feel reasonably sure that the disease has been eradicated from the parents, we must know that they have undergone three or four years of *continuous treatment*. He tells the case of a child where parents had undergone intermittent treatment for this length of time, and the child appeared healthy up to one year of age, when three or four gummy tumors appeared on the back, suppurated and broke down; there was no doubt, in his mind, of their nature, though the general nutrition of the child was not affected.

We have here a case of eczema in a child who has no taint. Remember that eczema is a local manifestation of a constitutional weakness, and it will not do always to pin our faith only to local remedies. If the child's nutrition is faulty, we must regulate the diet and give cod-liver oil. Eczema is exceedingly difficult to cure, and is the bugbear of private practice. You will run the gamut of ointments, and the disease will continue, and you will lose your dissatisfied client. This child has a long forekin, his urine is passed exceedingly frequently, and the scrotum, abdomen, and thighs are excoriated and raw; he must be circumcised. Eczema is frequently caused by this constant saturation of the parts with urine. We notice that this eruption is scarlet or salmon colored, and very superficial; were the disease specific, it would be more coppery. A peculiar brown, coppery, or lead tint is absolutely pathognomonic. In syphilitic children there is usually an enlargement of all the glands of the body, and this sometimes proves very serious, as in a case related, wherein by the pressure of the enlarged glands on the veins, a heart-clot slowly formed, convulsions set in, and the child died.

For ordinary, non-specific eczema, Dr. Keating prefers greasy dressings—cold cream (*unguentum aque rose*), oxide of zinc ointment, or an ointment of subnitrate of bismuth and oil of almonds, which was a favorite combination with the late Dr. F. F. Maury. He does not like cosmolene so much in this affection, as he is commencing to think that it is a little irritating. Eczematous children are often the offspring of phthisical parents, or they are poorly nourished. They will oftentimes take an abundance of food, will have ravenous appetites, but they are not nourished, owing to faulty preparation of the food. Condensed milk is usually too much diluted by one-half; for a child from five to six months of age, the dilution should be as 1 to 10, not less; you must be particular to give instructions when you order condensed milk. Cod-liver oil is called for in such cases, and it may be given in emulsion or by inunction rubbed in over the eruption or

HOSPITAL REPORTS.

PHILADELPHIA HOSPITAL.

SERVICE OF DR. JOHN M. KEATING.

Hereditary Syphilis.

The question of heredity in syphilis ought, Dr. Keating thinks, to play a very important role in the treatment of the diseases of children, and we ought to thoroughly realize its importance. Most authorities of to-day agree in stating that hereditary syphilis usually manifests itself very shortly after birth, and that earliness of its appearance is in proportion to the severity of the infection. A thoroughly syphilitized child seldom reaches six months of age, and very rarely lives to two years. The poison itself, the heat, teething, or other incidentals of the first two years, usually prove fatal. It is often supposed that a child born from parents who have enjoyed an immunity from syphilitic manifestations for a period of three or four years, is likely to be free from all taint; but this idea Dr. Keating receives only with great caution; the disease may be latent in the child, and only require some circumstance, occurrence, or accident to light it into activity. He related

placed on a binder. When the eczema is specific, local treatment alone will be absolutely useless. If you have the least suspicion of a taint, it will be well to give a little *hydrargyrum cum creta* (especially if there be acid diarrhoea), one to two grains every two or three hours, until there is a change in the bowels. This treatment will also serve as a diagnostic factor, or you may use mercurial ointment by inunction, one drachm to an ounce of lard.

Snuffles.

Dr. Keating took advantage of having this case in the wards to exhibit what is usually the earliest manifestation of constitutional syphilis. Three years ago this mother had syphilis; she had an eruption, that disappeared after a time, leaving scars. Seven weeks ago this child was born, and it was, to all appearances, healthy. The labor was normal, but shortly after the child had purulent conjunctivitis, eczema, and later, a copper-colored eruption on the back. This catarrhal condition (snuffles) is very characteristic. There is so much secretion in the nostrils that the child is compelled to breathe through its mouth, and its nursing is thus very much interfered with; it sputters, and puffs, and has a hard time generally. This condition may go on to necrosis, perforation of the septum, and falling in of the nose, which does sometimes occur in children.

Umbilical Hernia.

Dr. Keating showed the class a little baby and an old woman of seventy-five years of age, both with umbilical hernia, in order to demonstrate the necessity for early treatment. The treatment by pressure should be begun immediately after birth, for only by so doing can we hope to radically cure these cases.

SERVICE OF DR. J. B. WALKER.

A Peculiar Case of Typhoid Fever.

This case is shown to the class because it presents some peculiarities (particularly of temperature,) that would be apt to puzzle us. He entered the hospital on the sixth day of his sickness, with a temperature, at noon, of $102\frac{1}{2}^{\circ}$; in the evening it was $104\frac{1}{2}^{\circ}$. The next morning it was 100° . The day following it was $99\frac{1}{2}^{\circ}$ at 8 a. m.; $100\frac{1}{2}^{\circ}$ at noon, and 103° at 6 p. m. The next day $98\frac{1}{2}^{\circ}$ at 8; $98\frac{1}{2}^{\circ}$ at noon, and $101\frac{1}{2}^{\circ}$ at 6. The next day 99° in the morning, and 102° in the evening; on the subsequent day $98\frac{1}{2}^{\circ}$, and $100\frac{1}{2}^{\circ}$; the next $98\frac{1}{2}^{\circ}$, and 101° , and the next $98\frac{1}{2}^{\circ}$ and $101\frac{1}{2}^{\circ}$. This morning (October 17) it is $98\frac{1}{2}^{\circ}$. The peculiarity is that the morning temperature has been normal ever since the seventh day of the disease. Dr. Walker has noticed this to occur on and after the thirteenth or fourteenth day, but never before so early as the seventh day. He was taken suddenly ill about noon, was drowsy, chilly, had pain in back and limbs, as in the onset of any febrile disease, but it is peculiar in so much as he can locate the time of onset, which is not usually the case in typhoid fever. He had anorexia, headache, and has had no diarrhoea, though the stools have had the characteristic ochre color. His face is somewhat flushed, but the expression is not heavy, the eyes are bright and he answers questions well. The pulse is somewhat dirotic, which, in connection with other symptoms, is suggestive

of typhoid, but nothing more than suggestive. His tongue has a white coat in the centre (through which the papillæ can be seen), and a triangular, clean red tip at the point, a tongue quite suggestive of typhoid, to which attention was first directed by Dr. Da Costa. The abdomen is very slightly tympanitic, there is now no gurgling (there has been some), but a few characteristic rose-colored spots can be seen. While the temperature record in this case contra-indicates, the other symptoms point to typhoid fever. Another important factor in the diagnosis is, that he comes from the same house from which his brother and cousin have come to the hospital with well pronounced typhoid. There is such a disease as *aborted typhoid*; there can be no doubt of this, and some authorities maintain that relapses are more common in this type. The treatment here has been chiefly dietetic. He has had quinine, in fifteen grain doses, to control the temperature and to counteract any malarial element, if there be such. He has also had every four hours seven drops of dilute muriatic acid. Attention has been recently called to a sign of diagnosis in typhoid: it is said that if you *whip* the biceps between the thumb and fingers it has been found to rise, to stand up, as it were, at this point. He has noticed this fact very often, but has also observed the same phenomenon in cases that were not typhoid.

Hæmaturia.

This man is 46 years old. He has had all the diseases of childhood. Sixteen years ago he had severe pain in the right loin, and since then has had many similar attacks when he caught cold or drank heavily. Every summer, for some years, he has had a well marked attack of chills and fever; this summer past he escaped, through the use of quinine. This is rather unusual, because one generally has such attacks in the spring or fall, and this man's location, surroundings, and habits were the same in the spring as in the summer. He was admitted to the hospital October 12. One week before, after taking cold, he was seized with pain in the right loin, headache, and pains in the bones. He also commenced to pass bloody urine, which was something new to him. His urine had been high-colored before the attacks of ague, but he had never noticed blood. Bloody urine may be caused by lesions of the urethra, bladder, ureters, or kidneys. The microscope revealed blood discs, but no tube casts. The urine was straw-colored, there was a brick-dust deposit, there is albumen, and the urine is alkaline, with a specific gravity of 1012. To day (October 17) there is more albumen, but less blood than when he came in, while the specific gravity has risen to 1023. If the blood came from the urethra, it would be also discharged between the acts of micturition; if from the bladder, besides that incorporated with the urine, there would be passed a few drops subsequent to the act; this would be the case usually, but not invariably. The fact of the urine being alkaline is in favor of a cystic origin (of cystitis), but at the same time it is not against a renal origin. When the urine is purulent and at the same time acid, the pus is undoubtedly from the kidney. When the blood comes from the kidney and is small in amount, it will give a smoky appearance to the urine, while if the amount

be larger, discoloration will be well-marked. If this blood were cystic there would be other evidences of cystitis, which are here wanting. We must exclude chronic cystitis because the attack came on suddenly, and in simple cystitis we rarely have haematuria; in very severe inflammation of the bladder we may have bloody urine, but then the other symptoms will be well marked. Concretions passing from the kidney may irritate and wound the ureter, thus giving us blood, but here we have no history of renal colic. The kidney is subject to acute inflammation or congestion, and we thus account for the blood. We may have paroxysmal or intermittent haematuria, due to a chill congeasing the renal tissue, especially in those who have a tendency to kidney derangement. This may be manifest only for one or two micturations, or it may last for a few days. It is not uncommon in connection with periodic fevers. This is a simple case of congestion of the kidney from cold. These cases tend to spontaneous cure under favorable conditions. The therapeutic indication is to keep the urine alkaline, for which we may give the ordinary acetate of potash mixture every few hours; alkaline urine is less apt to precipitate its albuminous constituents and block up the tubules. When these cases are somewhat severe, we may apply poultices to the loins, and give aromatic sulphuric acid or ergot, or, if there be any malarial condition, quinine. In convalescence and during cold weather, such persons should wear a flannel bandage about the loins.

Gastritis.

This man, who has been a hard drinker, had intermittent fever three years ago. Two weeks ago he came into the hospital with a chill, headache, loss of appetite, weak, despondent, and depressed. His temperature was normal in the morning, but ran up in the afternoon. He had been given quinine by the mouth, which, along with his habits, had thoroughly disorganized his stomach. The malarial element in this case was slight, but the gastritis so complicated it, that for a couple of days it was deemed impossible for him to recover; he could not retain even the smallest quantities of peptonized milk. Even when he did not vomit spontaneously, he would endeavor to excite the act with his finger, because his food tormented him so greatly. Acute alcoholism or acute malaria are both easy to handle, but when you have this severe gastric complication the case becomes very grave. His pulse became very weak. He was given quinine by suppository, and the vomiting was ultimately checked by the use of calomel ($\frac{1}{2}$ grain), subnitrate of bismuth (five grains) and opium ($\frac{1}{2}$ grain) every two hours for several days. For five days he was sustained solely by enema of peptonized milk, and then gradually he was able to retain food on his stomach, until now he can eat everything, and has very much improved. After the stomach got in shape, he was given one drop of Fowler's solution before each meal.

SERVICE OF DR. J. F. HEARN.

Acute Gangrene of the Foot.

This old man, who "tramped it" to this city from Baltimore, is very much "run down." He

was so much exhausted when he entered the hospital, that he was not expected to live. However, under the influence of nourishing food, with iron and quinine, his condition has much improved. The circulation in his foot has been occluded, and gangrene has occurred. A line of demarcation is forming, and when this becomes well marked, and his condition improves, the foot will be amputated. Charcoal poultices are being used on the foot. It is well that we should remember the difference between dry and moist gangrene, because the question may sometimes be asked by examiners. In acute, moist gangrene, we have an occlusion of the veins as well as the arteries of the part, while in dry gangrene the veins are pervious, thus carrying away the moisture and leaving the part dry.

Leg Ulcers.

This familiar topic is discussed because they form a large portion of every man's practice, are very obstinate, and yet if intelligently treated can nearly always be cured. But routine treatment will not answer; each ulcer must be managed in accordance with the peculiarities that it presents. When the surface is too red, that is, when there is too much blood in the part, we must elevate the limb; while when the reverse condition holds, it must be left dependent. When the margins are inflamed, we cannot cure the ulcer until we remove the inflammation, and this we must do by elevation and the use of leadwater and laudanum. Indolent ulcers must be blistered to stimulate granulation, and when the edges about the ulcer are hard and callous, thus preventing the circulation of blood, we must incise them, thus making new points of departure for granulation. In chronic indolent ulcers, Martin's rubber bandage will often act like magic, but if used for varicose ulcers, it will likely produce eczema and make matters worse. In this latter form, the enlarged veins should be supported by a flannel bandage, cut bias; this shape makes it elastic. The bandage should be put on as soon as the patient leaves his bed, or, better, in the recumbent position, worn all day and removed at night. Syphilitic ulcers can never be cured without constitutional treatment. For irritable ulcers, with a sanguous discharge, constitutional tonic treatment is called for. When an ulcer occurs around the knee, or the upper third of the limb, we may be almost sure that it is specific. When the cause is given as traumatism, yet the ulcer will not heal, the chances are in favor of its being syphilitic, and specific treatment is called for. In simple sores that are doing well, Dr. Hearn satisfies himself with the use of simple cerate; he is commencing to think that cosmoline is somewhat irritating. If a little stimulation is required, we may incorporate a little carbolic acid or zinc ointment with the cerate. For indolent ulcers we may use a wash of chloride of zinc (gr. xx.- $\frac{3}{4}$ j.). Poultices, when carried to an excess, will destroy the vitality. They should be stopped when the granulations reach the level of the skin. Always instruct the patient with a varicose ulcer about pressing the finger on the vein in the event of hemorrhage. Fatal results have followed the neglect of this simple precaution. A blister over the whole surface will some-

times aid the healing very much. In inflamed ulcers we have a glazed surface, no pus, no vitality, and no granulations; in such cases he would use a wash of nitrate of silver (five grains), and mucilage of acacia (one ounce); apply this to the limb, and over it put lead-water and laudanum. Give opium at night to relieve pain, and order quinine and potassio tartrate of iron. In indolent syphilitic ulcers, keep the leg down, and use ung. hydarg. nit. 3 j., and simple ointment 3 $\frac{1}{2}$ v., or carbolized water (1-40). If the granulations are too exuberant, and project above the surrounding surface, they may be touched with nitrate of silver (solid), and kept down by bandaging. Remember that the officinal ointments are too strong for use, and must be diluted.

(To be continued.)

MEDICAL SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Stated meeting, September 24, 1885. The President, Dr. E. O. Shakespeare, in the chair.

Dr. William Osler presented specimens of

Tænia Echinococcus.

This rare parasite was reared experimentally by feeding a dog with hydatids from the liver of a pig. The animal was killed about seven weeks after the feeding, when the small intestine was found to contain many hundreds of the mature tape-worms. The portion of bowel exhibited had many adherent to the mucous membrane. From the small size of the worms, only a few lines in length, they are very apt to be overlooked. Cobbold states that the only specimens procured in England have been experimentally reared. Dr. Leidy has never met the adult worm in this country. That it must occur here in the dog is very evident from the frequency with which *echinococcus* cysts (the larvæ) are met with in the hog and other animals.

Cysticercus Cellulosus.

Dr. Osler exhibited the heart, brain, and a portion of the flesh of a pig containing the "measles," as the larvæ of the *tænia solium* are called. Both organs were thickly studded with the cysts, which were also very numerous throughout the muscular system. The animal was fat, and had seemed to suffer very little inconvenience. Attention was called to the cysts beneath the tongue, and to the possibility of telling whether an animal was measled by an examination of this part during life. Microscopic slides of the parasites were shown, and a slide of a cysticercus, with a very large caudal vesicle, from the omentum, in which situation they may grow to the size of a walnut.

Distoma Hepaticum; Effects on the Liver.

Dr. Osler also showed the liver of an ox with enormous enlargement of the bile-vessels and calcification of their walls, due to the chronic inflammation excited by the presence of the flukes. The main ducts were thicker than the thumb, and even the smaller tubes were hard as the stem of a clay pipe. The liver substance was wasted, but not cirrhotic. In spite of this extensive disease,

the animal was well-nourished. Specimens of the flukes in spirit and mounted were also shown.

Dr. Pepper presented the head and neck of a specimen of

Tænia Medio-canellata.

It occurred in a young man. A course of starving, followed by castor oil and pelletierine, removed a portion of the worm; afterward a repetition of the starving process, without the castor oil, but with the alkaloid, brought away the entire worm dead.

Dr. Pepper said he was particularly interested in this series; it spoke forcibly of the necessity of studying comparative pathology. The specimens were very perfect, and more instructive than more highly organized species. In practice, he had found the *tænia medio-canellata* as difficult to expel as the *tænia solium*. The exhibition of the small variety, the *flavo-punctata*, taught the necessity of careful examination of the stools.

Dr. de Schweinitz exhibited the kidneys, ureters, and bladder from a man who died after the operation of

Litholapaxy.

The patient, at 73, had for two years previous to the operation suffered with straining during the act of micturition, and other symptoms of hypertrophy of the prostate gland and vesical calculus. The urine contained albumen, pus, epithelium, and granular casts, and had a specific gravity of 1018. The patient's habits were intemperate. The operation of litholapaxy was performed, marked difficulty having been experienced in the introduction of the instruments.

After the operation the patient exhibited great restlessness, precordial pain, and a rapid, feeble pulse. Later he became comatose, and died twenty hours after the operation, the immediate cause of death being, apparently, the formation of a heart-clot.

The post-mortem examination was made about ten hours after death. Body well made; nothing of note anteriorly; the usual ecchymoses posteriorly. Thorax: old pleuritic adhesions on the right side; left side free. Lungs crepitant, with slight posterior congestion. Heart surrounded with fat; muscular fibres flabby; valves normal; firm "chicken-fat" clot in the right ventricle. Abdomen: position of viscera usual. Marked deposits of fat in the omentum. Liver slightly enlarged, soft, but otherwise normal. Both kidneys granular and containing cysts. Bladder thickened and showing two spots of ecchymoses on the mucous surface. Prostate enlarged; other organs normal. Brain and membranes not examined.

Dr. Tyson thought this case added one more to the list showing the impropriety of crushing for stone when kidney disease was present. He did not know why, but under such circumstances the cutting operation was more suitable. Dr. Tyson cited the case of Louis Napoleon as an instance of the danger of crushing in the presence of kidney disease. Dr. Tyson said, in answer to a question of Dr. Barton's regarding the kidneys, that they were contracted, though not markedly so, as there was good secreting structure left. The cysts were part of the pathological anatomy of granular kidney. He believed the cause of death to be uremia.

Dr. G. G. Davis said that in such cases a post-

mortem examination was in reality of the nature of an investigation. Death might be due to direct violence done the urethra, the prostate, or the bladder; or it might be due to extension of inflammation to the peritoneum, or to unknown cause, as in the present case.

Dr. de Schweinitz said that the urethra was not examined, and agreed with Dr. Tyson that the cause of death was uremia. This was the more probable, because an officious attendant, against orders, had administered rather full doses of morphia.

Dr. Henry Beates presented a specimen of

Syphilitic Abscess and Necrosis of the Tibia, removed by amputation at the middle of the thigh. The patient is a strumous man, who three years previously had suffered from an attack of obstinate sciatica, accompanied by a marked degree of muscular atrophy of the affected limb, followed by lameness. Two years later a swelling developed at the femoral side of the gluteofemoral crease, which opened and discharged small fragments of necrosed bone. The sinus was finally healed, and fair health enjoyed for several months. Seventeen weeks ago osteitis of the tibial head developed, followed in a short time by suppurative synovitis. The pus perforated the ligamentum posticum, and burrowed beneath the gastrocnemius, elevating it and the posterior tibial muscular structures from the bone. Free incision evacuated this, but the destructive process continued, resulting in the formation of sinuses and complete disintegration of the joint. Hectic was pronounced, and to save life amputation was performed on the day previous. Longitudinal section through the femur, joint, and tibia discloses the extensive destruction effected in so comparatively short a time. The articulating surface of the condyles is denuded of its cartilage and the surface of the bone is roughened. The patella is bound firmly to the trochlear portion of the condyles. The articular elements are destroyed. The head of the tibia is completely necrosed and broken down. The medullary canal of the tibia throughout its entire extent is infiltrated with pus. The surface of the bones is also the seat of the morbid process. The pus from the joint has burrowed upward beneath the internal and external vasti muscles, and deprived the femur of its periosteum for a considerable distance. The anterior face of the tibia is similarly denuded, while the crest at the middle is the seat of ulceration. At the time the disease occurred, the patient first noticed a chancre. Six weeks later the secondary phenomena developed, and were promptly met with anti-syphilitic remedies. Was the strumous disease influenced by the syphilis? The specimen was referred to the committee on morbid growths for microscopical examination with instructions to look for tubercle bacilli and for those said to be peculiar to syphilis.

Dr. Davis was desirous of knowing if the disease of the head of the tibia was due to scrofula or syphilis; the worm-eaten character of the ulcer on the tibia looked like syphilis.

Dr. Chas. M. Wilson inquired if there had been fevers, rigors and evidences of pyæmia in this case. It was undoubtedly one of osteo-myelitis, and in a similar case of traumatic origin which he had exhibited rigors had been present.

Dr. Jurist asked how the presence of acute syphilis in the patient would affect the prognosis.

Dr. Beates replied that there had been symptoms of septic fever, and, as the acute symptoms of syphilis had been absent for some weeks, he did not think this would mar the prognosis.

Dr. Louis Jurist presented the

Larynx and Trachea

removed post-mortem from the body of a man, at 38, a book-keeper, who had suddenly died. He had not had syphilis. He had taken cold on Saturday and had a sore throat; on Tuesday he chatted with the doctor, and an examination gave no evidence of anything, except ordinary pharyngitis. On Wednesday he went to his business; on the evening of that day the doctor was sent for in haste, and on going at once found the man dead. Nevertheless a hurried laryngotomy was done and efforts were made to restore the heart, but without avail.

Dr. Jurist removed the larynx through the thoracic cavity. He was in doubt as to the mode of death. The lungs were fairly healthy, though cheasy on one side. There must have been an abscess present.

Dr. Tyson was surprised that marked improvement should have followed the treatment by emetics and sedatives, as the abscess must have been present; perhaps the outlying œdema was subdued and the condition thus improved.

Dr. Wharton had had no experience in such cases, but agreed with Dr. Jurist that the operation of tracheotomy, and not laryngotomy, was indicated.

Dr. Jurist was in doubt in regard to the diagnosis; it rested between perichondritis and a subsequent abscess or phlegmonous laryngitis. He was inclined to the former view.

VERMONT MEDICAL SOCIETY.

[Reported for the MEDICAL AND SURGICAL REPORTER.]

The seventy-second annual session of this Society was held at Montpelier, Thursday and Friday, October 15 and 16, 1885. President Dr. J. Draper, of Brattleboro, presided. Dr. J. S. Richmond, of Woodstock, Secretary. The session was opened with prayer by Rev. Howard T. Hill, of Montpelier. Drs. C. G. R. Jennings, of Bennington, and Anderson D. Dyer, of Brandon, were received as new members. Dr. R. H. Sabin, of West Troy, N. Y., was present as a delegate from the New York Medical Association and was cordially invited to participate in the proceedings. The report of delegates to the Med. Dept. U. V. M. was presented by Dr. Hoisington. It commended the institution to the good will and support of the profession. The delegates were cordially received, and participated in the examination of the graduating class, of which there were eleven from Vermont; eighty-six per cent. of the class were from other States.

Dr. Charles E. Chandler, of Montpelier, read an excellent paper on "Reduction of Shoulder Dislocation by the Cochran Method," giving cases illustrating it, which elicited considerable discussion, participated in by Drs. Rugg, C. M. Chandler, and D. G. Kemp. At the afternoon session, Prof. W. T. Smith, of Dartmouth Medical College, Hanover, N. H., was present as a delegate, and was cordi-

ally invited to participate in the proceedings of the Society.

Under the order of the printed programme, "Advances in Medical Science," Dr. O. W. Sherwin, of Woodstock, read a paper on Anatomy, Physiology, and Histology, and Dr. D. G. Kemp, of Montpelier, an elaborate paper on Surgery. His reference to the use of cocaine as a local anesthetic, elicited considerable discussion, during which Prof. Smith mentioned the removal of ingrowing toe-nail under its application without pain, the patient looking on quite unconcerned, while this usually very painful operation was performed.

Dr. Sabin mentioned the use of it in diphtheria and tonsillitis, with better effect than from any other local treatment. He also spoke of the new operation of examining the abdominal cavity to make diagnosis of disease as recommended by Dr. Tait. He mentioned a case in his practice where the operation was performed against his counsel with fatal result.

Dr. Sperry, of Quebec, reported a case of skin-grafting in case of diseased fibre, with the skin of a frog. The pieces inserted varied in size. It does not unite with the skin, but after a time it is absorbed, and seems to promote healthy granulations in the ulcerated surface. The portion of the frog-skin taken was from the belly and legs. The patient's leg was thereby saved from amputation. After healing, the skin was fresh and fair, and apparently healthy. Dr. Sabin questioned the nomenclature of skin-grafting, he thought it was skin-dressing. In answer to questions, Dr. Sperry said the skin absorbed in four to six days, granulations formed from the edges, and were thickened by the applications as they were made; very little general treatment; no particular preparation of the ulcerated surface before application; no scrofula in family to his knowledge. Dr. Davenport suggested the use of the frog-dressing in indolent ulcers.

Prof. A. P. Grinnell, of the Medical Department of the University of Vermont, spoke upon the subject of small-pox, and vaccination as a preventive. The ignorance of the people on these subjects should be enlightened. They fear small-pox, and they fear vaccination, the latter lest some other disease should be communicated to them thereby. Of this there is no danger when the vaccine virus has been properly taken, and the vaccination properly performed. The bovine virus is better and safer than the humanized virus, because the latter may possibly have in it some commingling of the blood of the person from whom it is taken. But there need be no fear of either in the hands of those who have a proper knowledge. True vaccination shows itself in three to five days from the insertion of the virus, and goes on to its completion about the eighth or ninth day. It is a prevention of small-pox. Occasionally there may be an exception, but this is the rule. Revaccination may be well as a safeguard, but the virus having once wrought its true effect in the system, the person is as safe from small-pox as if he had the marks of it on his face. The doctor's remarks were followed by a long discussion, in which the conclusions he presented were unanimously concurred in by the society.

The failure of some of the parties named in the programme to respond, led to discussion upon other topics not mentioned in it.

Prof. Smith suggested the inquiry whether such a condition could exist in the system as physiological albuminuria, or a condition in which albumen existed in the urine without the presence of diseased kidneys. He related a case coming under his observation of a student who had albuminuria, as proved by actual examination, during his collegiate course, breaking down only in his senior year, recovered, and is now at work, the albumen still continuing. This suggestion opened a wide discussion, during which Drs. Crain, Cutting, Sabin, Richmond, and others related cases in practice where albumen in the urine had appeared and disappeared without seeming to indicate disease of kidneys.

Dr. O. F. Farris, of St. Albans, mentioned the case of one Jaquis of that place, for whom he had frequently prescribed for albuminuria, but without curative results, whom he is reported as certifying as cured by that quack's specific, Warner's Safe Kidney Cure, which is not true, either as to the alleged certificate from him, or the fact of the cure. The man still has albumen in his urine, and well marked indications of diseased kidneys.

The evening session of Thursday was occupied by the annual address of the President, who is Superintendent of the Vermont Asylum for the Insane, upon the subject of "The Record of the State in Respect to Legislation, and the Medical Jurisprudence of Insanity." In speaking upon this subject, reference was first made to its published literature, which was comprised in some half dozen papers printed in the transactions of the society, together with the annual reports of the Vermont Asylum for the Insane at Brattleboro, and the reports of the Boards of Supervisors of the Insane. Legislation was traced from the first act of the legislature in 1825, which provided for "the safe custody of dangerous lunatics in prison, or in charge of their friends, the latter giving bonds for them in the discretion of the county courts."

Since that time more than fifty acts have been passed by the Legislature having a bearing upon the care and oversight of the insane. Of these the acts of 1878 and their subsequent amendments are those now chiefly in force. Besides these, several special acts have been passed relative to insane convicts and criminals. In relation to the commitment of persons to the asylum, the first act was passed in 1855, requiring a medical examination and certificate, and that continued in force till the revision of the lunacy laws in 1878, when the certificate of two physicians was required. The speaker next referred to the statistics of insanity in the State. The census of 1880, he said, was incorrect inasmuch as it included more than 100 insane persons from other States. These eliminated would leave the number of such persons in the State about 900. The records of the asylum show that fifty-three criminal lunatics have been received into the asylum,—twenty-five directly from the county courts, and twenty-eight from the prison.

In this connection the speaker gave a detailed history of those sent to the asylum from the courts, and in some cases quoting in full the form of indictment, showing the legal verbiage of the early times, and also embodying the ancient idea

of the criminal having been prompted by his Satanic majesty, "being in mind seduced by the instigations of the devil." Reference was also made to certain notable instances in which the plea of insanity was unsuccessful before the courts of the state, no instance having come to the knowledge of the speaker "in which either popular feeling or untenable theories respecting the nature of insanity, or the responsibility of the insane, have triumphed over impartial juries and sound judicial rulings." The speaker regarded this as remarkable, since the tests for insanity have been greatly modified within the last fifty years. Allusions were also made to the occurrence of two insane tragedies in the State which were peculiarly interesting in a psychological point of view.

In his concluding remarks, the speaker gave a general resumé of the provisions for the care and curative treatment of the insane at the present time, showing the marked progress which has been made within the last fifteen years, and emphasized the importance in any method of provision for them, of considering the interests of the sane as well as the insane in our communities, in respect to their reciprocal influence upon each other.

The address, of which the above is only a brief abstract, was listened to with rapt attention by the members of the Society present, and a unanimous vote of thanks was tendered to the President for the able and elaborate manner in which he had presented the historical facts connected with the legislation of the State on this subject.

At the morning session of Friday, Dr. Crane presented an adverse report upon the matter referred to the Society from the American Medical Association. The legislation asked for would be well enough if it were upon our statute-book, but the effort to place it there would quite likely be a failure.

Dr. E. T. Upham reported his attendance as delegate to the American Medical association, and made some explanation in regard to the International Medical Congress, which is to be held at Washington, D. C., in 1886. His remarks indicated that the contention relating to the conduct and admission of members to that Congress, was confined mainly to the class of "specialists," so-called, in some of our larger cities, who are not now recognized in their associated capacity by the American Medical Association.

Dr. Henry Janes, of Waterbury, read a paper on ethics, which elicited a lively discussion, in which Drs. Richmond, Upham, Somers, Crane, Jackson, Chandler, and Kemp participated, which was characterized by the proverbial disagreement of doctors, and came to no conclusion other than to lay the resolutions presented by Drs. Janes and Upham upon the table till the next annual meeting, and directing them to be printed in the programme for that meeting.

Obituary notices of Dr. Horace Tales, of Waterbury, and Dr. H. H. Whitcomb, were presented and referred.

The officers of the Society for the year ensuing are as follows:

President—Dr. D. G. Kemp, of Montpelier.

Vice-President—Dr. E. R. Campbell, of Bellows Falls.

Secretary—Dr. J. S. Richmond, of Woodstock.

Treasurer—Dr. Sumner Putnam, Montpelier.

Auditor—Dr. C. E. Chandler, Montpelier.

Censors—Drs. D. J. Rugg, W. S. Hoisington, and D. C. Hawley.

Delegates to American Medical Association—Drs. L. C. Butler, S. J. Allen, W. W. Huntington, J. Draper.

Delegates to Maine Medical Association—Drs. Sumner Putnam, H. F. Crane.

Delegates to New Hampshire Medical Society—Drs. O. W. Daley, O. W. Sherwin.

Delegates to Massachusetts Medical Society—Drs. E. F. Upham, W. P. Hoisington.

Delegates to Connecticut Medical Society—Drs. J. Conland, D. P. Webster.

Delegates to New York Medical Association—Drs. O. F. Fassett, W. R. Crain.

Delegates to Dartmouth Medical College—Drs. J. S. Richmond, O. W. Sherwin.

Delegates to Medical Department, U. V. M.—Drs. L. M. Green, C. S. Caverly.

The semi-annual meeting is to be held in Burlington in June next.

This meeting of the Society was not largely attended, some forty only of the four or five hundred physicians of the state being present. The proceedings were quite interesting, the papers presented were well prepared, the discussion animated, and the session profitable to those present.

B.

MISSISSIPPI VALLEY MEDICAL SOCIETY.

Discussion on Errors of Diagnosis. (See page 566.)

Dr. Louis Bauer reported in detail some of his errors in physical diagnosis.

Dr. Wallen reported a case of functional aphonia and hysterical aphonia, also a case of syphilis which had been mistaken for phthisis.

Dr. Eastman reported a case in which he had diagnosed hysteria in a man. True he had no uterus, his prostate gland had not developed. It is a mistake to think that hysteria occurs only in women. He took the man to see Dr. Wallen, who agreed with him in his diagnosis. He returned with the man to his office. No sooner was the door shut than he began to ask in a pitiful, strained whisper if they thought anything could be done for him. Thinking this to be his chance the doctor wheeled on him, and said in a tone of thunder, "You can talk as well as I," and proceeded to give the man a good scolding. He trembled and cowered under the tongue-lashing which he received, and in a fair tone of voice acknowledged that he could. He had not spoken above a whisper for two years.

Dr. Wm. Cheatham, of Louisville, Ky., and Dr. H. H. Clark, of Danville, Ills., discussed the paper farther.

—MM. Gréhant and Quinquad have reported to the Paris Academy of Sciences their experiments proving that the pressure necessary to cause the rupture of arteries is much greater than that to which they are normally subjected. The carotid artery of a dog required from thirty-five to fifty-five times the normal pressure of the blood, and the jugular vein from thirty-two to forty-five times the usual force.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Therapeutic Value of Arsenic in Anæmia and Atrophic Conditions.

Dr. Samuel Wilks thus writes in the *Lancet*, April 11, 1885 :

Although the value of arsenic in many diseases is well known, yet I believe the extent of its efficiency has by no means spread through the profession at large, judging from the frequent skepticism one meets with when its use is suggested. I should therefore wish, as briefly as possible, to state my experience of the great value of this most remarkable remedy during many years of practice. It has been best known as a medicine in skin diseases, but this only of late years, for Addison, who followed directly in the school of Willan and Bateman, rarely ordered it. Next to its use in cutaneous affections has been its administration in neuralgic affections and ague; after that in special cases of various kinds. More recently the great value of arsenic has been recognized in anæmia; but it is not widely known, I believe, as being equally efficacious in various forms of cachexia, of which I am about to speak.

When a remedy acts—to adopt the expression of the older schools—as an alterative, by modifying nutrition in some unknown way, a question arises which is quite open to consideration: whether those diseases which succumb to its action may not depend upon the same cause; whether, indeed, they are not bound together by some common origin. Be this as it may, there can be no doubt that many of the cutaneous affections cured by arsenic have a gouty origin, and therefore it is not surprising that the same remedy has a great power in preventing attacks of gout. This I have known for many years, and in some cases have by its use undoubtedly kept the attacks in abeyance. Then, this gouty class of persons are often neuralgic, and it may be in them especially that arsenic is the best nervine remedy. I have certainly found it amongst the most efficacious medicines, and in some cases the only remedy. Thus, before the introduction of nitrite of amyl and glonoin for angina pectoris, I relied mainly on arsenic, and in some cases kept off attacks for weeks when they had previously occurred almost daily; but this is by no means a novel treatment, for a reference to the *Lancet* of May 26, 1832, will show a letter setting forth the virtues of arsenic in this complaint. In some forms of nervous affection I have found it quite unique in its action. For example, a lady for many years has been the subject of ciliary neuralgia—that is, she has attacks of violent pain in the eyeball accompanied by intense congestion and lacrymation. No ophthalmic surgeon to whom she has applied has afforded her the slightest relief either by medicines or local applications. The only respite she has from her sufferings is during the time she is taking arsenic. How I became acquainted with the use of this remedy in asthma from one of my out-patients I described many years ago.

But the most remarkable effects of this remedy are seen in anæmia and various forms of cachexia and atrophy. My attention was first markedly drawn to it in this connection owing to the controversy which took place between my old colleague, Dr. Alfred Taylor, and others in reference to the statement published in Johnston's "Chemistry of Common Life," in the year 1855, about the arsenic-eaters of Styria. Young girls were said to add to their charms by using it, acquiring blooming complexions, full rounded forms, and a healthy appearance. Soon afterwards I began to use arsenic in chlorosis with much benefit, but it was not until about ten years afterwards that I had some striking examples of its good effects. If I remember right Dr. Sutton of the London Hospital was then using it in the same class of diseases. The case I especially recollect was a lady about forty years of age, who was pronounced by myself and other physicians to be the subject of idiopathic anæmia, the form of disease subsequently discovered by a German, and styled "pernicious anæmia." Her bloodless and feeble condition compelled her to keep her bed, and it was never believed that she would rise from it again. I suggested arsenic as a possible useful remedy, and she began soon to improve, and in a few weeks was able to come to my house. I saw her some years afterwards, in 1874, when she was quite well. The case is more especially impressed upon my memory on account of the remarks of the husband. When I told him of the remedy which had cured his wife he expressed no surprise, saying it was just the medicine he should have thought of, for if he had a horse which was not "thrifty" he gave it arsenic, rendering it again plump and its skin glossy. Subsequent to this case I have had several of a similar kind, my last one being only a few weeks ago. It was that of a gentleman living at Holloway, and whom I saw with Dr. Blackstone. He had gradually grown anæmic and breathless, so as to be unable to leave his house, and he walked with much difficulty. I called it one of idiopathic anæmia, and feared that he would never recover. He took five drops of liquor arsenicalis, and in a month he was comparatively well. In most of the cases where arsenic has succeeded, iron had previously failed; and it is a question, therefore, whether the latter be of any use in the so-called pernicious anæmia. This, however, does not seem invariably the case unless the diagnosis is at fault. For example, a woman came into the hospital in so bloodless a state that she could not leave her bed, and it was said that iron had been given in vain. An examination of the blood displayed, as was thought, characteristically altered blood globules, and arsenic was prescribed. After a long course of this medicine she was no better, when iron was ordered for her. She then immediately improved, and left the hospital well.

I remember two cases of anæmia with some dis-coloration of the skin, suggesting the existence of Addison's disease, and which was cured by arsenic. One was a lady whom I saw as long ago as 1869, who had been gradually getting thin,

sallow, and bloodless. She was first thought to have liver disease, and then Addison's disease; but of these there was no evidence, and I recommended arsenic. She speedily recovered. The other case was that of a lad who was sent to me from Suffolk by Dr. Manthorp, as he was supposed to be the subject of Addison's disease. He was anemic, sallow, very feeble, and breathless on exertion. Arsenic was given him, and he completely recovered.

It is another class of case, however, which especially prompted me to take up my pen and extol the virtues of arsenic, for although its efficacy is known in anæmia, I do not find that a knowledge of its merits has extended to wasting and general cachexia. It was in the year 1868 that I went to see a lady who was confined to her bed and in an extreme state of emaciation. I found on physical examination nothing tangible except an enlarged spleen. She had been staying at a friend's house in a doubtfully malarious district, and therefore might have been affected by ague poison. Arsenic was given, and she made a rapid and complete recovery. It is well known that in cases of invertebrate malarious poisoning arsenic is often the best remedy, but the possible existence of such a cause will not account for the marvellous effects of arsenic in other cases; and I have notes of two patients who lived in Margate, where a miasmatic influence could not be suspected. The first case was that of a lady sent to me by Dr. Thornton. She was much impoverished, and at the same time had loss of appetite and other gastric symptoms, so that I suspected early malignant disease. I could not, however, prove this, and suggested a trial of arsenic. The result is seen in a letter which I received from Dr. Thornton, dated December, 1875, in which he says: "I fancy you will be pleased to know that Mrs. B—, for whom you prescribed arsenic, and of whom you took not the most sanguine view, thinking probably that some hidden malignant disease might develop itself, strange to say, is now convalescent—that is, she has recovered her natural complexion, lost all pains and feeling of debility, and, indeed, is as well as she has been for the last few years. I never saw a more unpromising case, and I do not remember ever to have seen any one improve so steadily as she did under the influence of arsenic(?) ; at all events, she was very ill, and now she is comparatively well."

The second case from Margate was that of a young man resident in that town, and brought to me by Mr. Dunstan of Tollington-park. He was twenty-one years of age, and had been gradually wasting away for many months until he had become, as his friends said, a perfect skeleton. He certainly was emaciated to a most extreme degree. On examination I failed, like other medical men, to discover any disease, but saying that if the patient had been an infant he would have been called the subject of marasmus. I suggested arsenic as the only likely remedy to do him good if he had no organic disease, and four drops of the solution were prescribed three times a day. He immediately began to recover; in two weeks he had gained five pounds, and in a few more weeks he was perfectly well.

Another case where the remedy was of great

service was that of the Rev. Mr. S—. He had been acting as curate both in London and Brighton, but, his health gradually failing, he was obliged to give up his duties. No medical advice was of any value to him, and he was recommended to take a voyage to Australia. He, however, grew worse and worse, and on his arrival at Melbourne he was sent into the hospital. After a while he was again placed on board ship, under the care of a medical man, and sent home to Hampstead. He was carried into the house, being far too weak to walk, and when I saw him I found him as wasted as any living man could be. He was lying on a couch too feeble to rise, and very little more than a skeleton. His weight on leaving the ship was five stone seven pounds. With the exception of a cardiac bruit I found no disease, and as he had had every kind of medicine, and every variety of essences of meats and other foods, there seemed little for me to do; but I prescribed arsenic. He slowly began to improve, and in a few weeks he was able to leave his home and visit me. He walked feebly, but his limbs had increased in size, and he weighed seven stone ten pounds. He then left for the country and the continent.

I have now mentioned a sufficient number of cases to show the value of an old remedy, and certainly one of the most remarkable in the Pharmacopœia. I would not have it supposed that it cures all cases of anæmia and atrophy, or that it has never failed in my hands; for if I collected all the cases in which I have given it and noted the result, it is probable that the failures might equal the successes. But an explanation will show that a statistical method of arriving at the truth is of no value, seeing that the cases where the remedy was administered were not of a like kind, and that the unsuccessful cases, although resembling in outward appearance those of simple anæmia and atrophy, were in the majority of instances examples of early malignant and other organic disease. The only cases which can be rightly compared are those of a like kind, but the question of its comparative value under the circumstances named cannot affect in any way the undoubted fact of its curing numerous cases of apparently fatal disease. No question can arise as to the efficacy of a medicine when it is prescribed for a person who is weekly and monthly declining in health, and who as rapidly, or more rapidly, regains his health and strength under its use. When this has been observed in a large number of instances, the proof of its value is complete. I have never given very large doses, generally four or five drops of the liquor arsenicis three times a day, or a little more of the soda preparation. I have never observed any injurious effects from its long use, although, as is known, it becomes absorbed into the system, the urine showing its presence many weeks after its administration has ceased. I will not pretend to say how the remedy acts. Why, when wasting is going on and the blood-corpuscles becoming disintegrated, arsenic should stop the process, and the globules begin to grow, or why it should allow the carbon to be stored up as fat, I do not know. I lay the clinical facts before my readers, and hope that those to whom they are not altogether new will excuse my doing so in the wish to make their knowledge and mine more extended and useful.

Periosteum-Grafting.

Dr. C. W. Trueheart thus writes in the *Medical Record*, October 3:

J. F. W., a vigorous, healthy man, aged twenty-two, while bending forward dragging a gun—muzzle foremost—from under the deck of a boat, received the whole charge in the left clavicular region. About three and one-half to four inches of the central portion of the clavicle and extensive mass of the adjacent soft tissues were shot away, and the vertebral portion of the first rib comminuted, the charge being lodged between the scapula and the ribs.

Two days thereafter, and as soon as shock was fairly recovered from, assisted by Drs. John M. Haden and Charles Ganahl, I exposed the dorsum scapulae by a free cruciate incision, trephined the bone with a one and one-fourth inch trephine, and removed sixty-four shot, three wads, fragments of clothing, and numerous spiculae of bone.

Appreciating the importance and also the difficulties of securing union, osseous or ligamentous, of the widely-separated fractured ends of the clavicle, I made haste to secure fixation of the parts and give support to the badly drooping shoulder, by means of an angular leather splint, made to embrace the whole arm, with straps passing front and back, and buckled to a padded leather shoulder-cap resting over the opposite shoulder.

Aided by skin-grafting the healing of the wound, except the excavation left by the portion of destroyed clavicle, was accomplished in six or seven weeks; but on the removal of the support afforded by the leather splint, nine weeks after the injury, the shoulder was found to droop in a most disfiguring manner; and, by reason of want of fixation of the shoulder, the movements of the arm were seriously impaired.

A thorough examination revealed no evidence whatever of any chance for union of the bone, osseous or ligamentous. I then determined to resort to periosteal-grafting. By means of the curved scissors and fuming nitric acid, the new tissue formation in the tract of the lost bone was removed, and by scraping off the cartilage formed on the ends of the bone, an excavation about three-fourths of an inch in depth below the surrounding surfaces, an inch to an inch and one-fourth in width, and measuring two and three-fourths inches between the nearest projections of the ends of the fractured bone was made. To maintain the proper length of the clavicle, a wedge-shaped axillary pad, etc., was applied. Having secured healthy granulations, rendered more vigorous by pencils with a ten to twenty-grain solution of nitrate of silver, I proceeded to graft the wound with periosteum taken from healthy dogs, chloroformed or killed for the purpose. In case of the animals chloroformed the grafts were obtained from the superficial portions of the long bones of the legs; the scapulae from the dog killed furnished the best grafts. I found a short, stout resection knife, curved on the edge at the point, best suited for cutting out the grafts, whether of periosteum alone or combined with laminae of the subjacent bone, using the curved scissors for smoothly completing their separation. The grafts taken were the size of a large flax-seed, and ap-

plied with as little delay as practicable. The entire surface of the excavated wound, and the ends of the fractured bone were set with the grafts, placed about three-eighths of an inch apart. After waiting some thirty or forty minutes for the wound to take on the glazed appearance due to the drying of the lymph on its surface, the grafted surface was covered with perforated oil-silk; a compress of picked lint, moistened in two per cent. carbolized water, put on, the whole being held in place by adhesive strips.

Results.—Two months after the periosteum-grafting, examination of the parts revealed the fact that the two-and-three-fourths inch gap in the clavicle had become filled out with a tissue presenting the characteristics of bone as to hardness, inflexibility, and perfect performance of the function of giving support to the heretofore drooping shoulder. As felt, beneath the tegumento-cicatricial covering—the result of skin-grafting—the surface of the new section of bone was nodulated and rough, like a mass of rapidly developed exostosis. It was wanting in the natural contour of the adjacent portions of the clavicle, being more flattened out in its transverse, and more or less distorted in its long axis. There was no appreciable difference in the length of the two clavicles at this time. A careful measurement, made two years later, showed the bone to be one-fourth of an inch shorter than its mate on the opposite side.

A Case of Triplets.

Dr. J. B. Buist thus writes in the *Edinburgh Med. Jour.*, for September:

Cases of triplets in which all the children survive are so extremely rare that I think the following case worthy of being recorded:

E. S., at 31, wife of a Polish Jew, has had three boys, two alive, aged 13 and 11 years, and a third, born six years ago, who only lived six weeks. She is a short, stout woman, and her former labors have been easy. Her immense size during gestation had been subject of remark, and it was expected that she would bear twins. Neither in her own nor in her husband's family was there any history of plural births having occurred.

On the 8th of March, 1885, about 6 p. m., I was called to see her, and on examination found that the membranes were ruptured, and the os was the size of a crown-piece and dilatable. The head presented in the L. O. P. diameter. The pains were regular and good, so that in half an hour the first stage was nearly complete. The pains now commenced to flag, and the patient complained much of their severity and loss of strength, and begged to have chloroform. Seeing that the labor could be easily terminated, I commenced its administration about 6:50 p. m. At 7 p. m., I applied the forceps, and delivered a female child without difficulty. Its small size struck me as remarkable, and passing my hand over the patient's abdomen I at once found that scarcely any diminution in her size had taken place, and that in all probability there were two more children. After placing a double ligature on the cord and separating the child, I found that the uterus was well contracted over its contents.

On again examining, a second bag of membranes was felt. Passing my hand into the uterus, I immediately ruptured the membranes, and grasped the head of a second child, which I drew down and engaged in the brim of the L. O. A. diameter. The forceps were again put on, and the delivery of a female child completed with ease. The umbilical cord in this case was so short that it was with some difficulty that a double ligature could be placed upon it. Passing my left hand over the abdomen once more, the outline of a third child was easily made out; and after finding that the uterus continued to contract, I again introduced my hand into the uterus, and failing to rupture the membranes, I grasped a foot through them, when they were easily broken, and the delivery of a male child at once completed. In this case the cord was of considerable length, and the child was the largest of the three. The whole of the above proceedings only occupied a quarter of an hour. By subsequent gentle pressure over the uterus, the whole of the decidua were expelled *en masse* in twenty minutes. There was scarcely any hemorrhage, and a well-padded binder was at once applied, and a dose of ergot administered.

Mrs. S. made a very good recovery, but for a few days she suffered severely from after-pains. All three children on 12th of May are alive and well. One month after birth, No. 1 measured 17½ inches, weight 4 lbs. 2 oz.; No. 2 measured 18 inches, weight 4 lbs. 12 oz.; No. 3 measured 19 inches, weight 5 lbs. 3 oz.

Description of Decidua.—Weight 2 lbs. 13 oz. On examination of the uterine surface, there were two distinct placentæ, a larger with two cords, and a smaller with one cord. The larger corresponds to the two females, the smaller to the male child. The two placentæ are connected together by membrane, from one to two inches in width. The larger mass is irregularly quadrilateral, and is divided by a longitudinal groove into two unequal parts, 12×8 in. and 9×7 in. The smaller mass is crescentic 7×4 in.

Membranes.—The chorion forms a continuous envelope for the three amniotic sacs. It dips between the sac of the male and the female sacs. Apparently it does not dip between the two female sacs, their amniotic membranes being in close apposition; but on close inspection, a small amount of chorion connective tissue can be distinguished.

Umbilical Cords.—No I., length 13 inches, with 3 inches velamentous insertion at margin of double placenta. No. II., length 14 inches, with normal insertion. There is a "kink" or twist on this cord 4 inches from the placenta. No. III., length 24 inches, with $1\frac{1}{2}$ inches velamentous insertion into the margin of the small placenta. The vessels to the small placenta do not pass into the larger. The vessels through both cords to the large placenta intermix freely.

Remarks.—This case is unique in my experience. Cases of triplets occur only once in between 7,000 and 8,000 labors, so that it rarely happens that accoucheurs have the good fortune to see them. Frequently one or more of the children are still-born, and in many cases they only survive for a few hours. Curiously enough, plural births occur most frequently in Russia; and it is worthy of remark that the father and

mother of these infants had emigrated to this country from Russian Poland.

Their length and weight are also remarkable. The least length of a fetus at full term is 17 inches, while its least weight is 2 pounds 6 ounces, while the average length is 19 inches, and the average weight 6 pounds 11 ounces. We thus see that they are nearly up to the average in length; and although they are below the average in weight, they are considerable heavier than the least recorded weight of a fetus at full time. The combined weight of the children and placentæ was 16 pounds 14 ounces; and if the weight of the amniotic fluid be added, the total weight of the uterine contents must have exceeded 20 pounds.

The case is also interesting from the ease and rapidity with which the delivery was accomplished, the interval between each child being only five minutes. I have since asked myself whether it was quite safe to proceed so rapidly, and whether the danger from hemorrhage was not thereby increased. It appears to me on consideration to be the safest practice to empty the uterus at once when an anæsthetic has been given. We thus avoid bad effects from the prolonged administration of chloroform given without special preparation, and the tendency to uterine inertia which in such cases it might aggravate or induce.

Sponge Tent Remaining Eight Days in the Uterus.

The following instructive case is reported by Dr. James P. Boyd in the *Albany Med. Annals*, October, 1885:

August 11, 1883, Dr. John Swinburne asked me to see a patient with him, who had arrived the day previous from a distant part of the state. The history which he gave me as we rode to the house of the patient was as follows:

The patient had been brought to him by her physician, who stated that she had suffered from menorrhagia and metrorrhagia for many months. She complained, also, of pain in the lower part of the abdomen, and had lost strength. After treating her for a time without benefit, he determined upon a thorough examination of the cavity of the uterus, as he suspected that the hemorrhage was due to a growth situated above the os internum. Accordingly he introduced a sponge-tent of medium size, and, this not answering his purpose, he waited a day or two and then inserted a second tent. This was done in the evening. Calling the next morning for the purpose of removing the tent, he was astonished to learn that it had dropped out. The patient stated that a number of clots had been expelled from the vagina, and, with them, the tent. A vaginal examination revealed the fact that the cervical canal was well dilated as far as the os internum; at this point, however, owing to the insufficient dilatation, nothing of importance was discovered. The next day the discharge, which still continued, began to be offensive, and the physician became alarmed, fearing that the tent might have been retained, notwithstanding the assertions of the patient. As the discharge continued, and as the patient now began to suffer from chills and fever, it was de-

ded to bring her to Dr. Swinburne for advice. On reaching the house we found the patient sitting up and anxious to see us. She looked strong and vigorous. Dr. Swinburne and I examined her. We found the uterus enlarged. The sound entered a distance of a little over three inches. A finger could be passed as far as the os internum without difficulty. The examination was not satisfactory, and I decided upon a second visit in order to clear up the mystery. Dr. Swinburne asked me to take charge of the case. Returning soon after, with suitable instruments, I dilated the cervical canal with Ellinger's dilator, and then passed my finger up to and through the os internum, when I immediately detected the sponge-tent. With an ordinary uterine dressing forceps I seized the tent, which was fully expanded and very offensive, and without much difficulty removed it. Whilst removing the tent I discovered a growth attached to the fundus uteri. After the removal of the tent the uterine cavity was washed out with hot carbolized water. Cotton soaked in pure carbolic acid was applied to the mucous membrane of the uterine cavity, and the patient was instructed to remain perfectly quiet in bed. Hot-water injections were ordered for the vagina every four hours. Quinine was also prescribed. A few days later the patient felt well enough to return home. The discharge had ceased. A few weeks later, she returned to be treated for the uterine tumor, all the bad effects of the sponge-tent having completely disappeared.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Post-Mortem Examinations with Especial Reference to Medico-Legal Practice. By Professor Rudolph Virchow. Translated by T. C. Smith, M. D., with Additional Notes. 12mo., pp. 138. Philadelphia. P. Blakiston Son & Co.

Nobody living knows how to conduct a post-mortem examination in a more scientific manner than Virchow, and it is well that the plan he pursues is here given in detail, so that the English and American profession may understand what a thorough *sectio cadaveris* means. Not that it will often be put into practice, but the mere contemplation of such a programme is an instructive lesson for most examiners.

A Manual of Weights, Measures, and Specific Gravity. By Oscar Oldberg, Ph. D. Cloth; 8vo., pp. 238. Chicago. Published by the author. Price, \$1.50.

In this monograph the author, who is Professor in the Chicago College of Pharmacy, and is favorably known by other works on his branch, treats of the principles of metrology, weights and measures, specific weight and specific volume, scales and balances, and all the questions which bear upon

this subject. A number of convenient rules and tables are added. The work is carefully prepared, and it would be difficult to find the same amount of information in any other single publication.

The Pedigree of Disease, being Six Lectures on Temperament, Idiosyncasy, and Diathesis. By Jonathan Hutchinson, M. D., etc. 8vo., pp. 114. New York, Wm. Wood & Co.

There is prevalent among medical men a notion that disease is something out of the normal course of events. The distinction between pathology and physiology is often looked upon as equivalent to that between normal and abnormal action. This superstition, if we may call it such, is attacked by the lectures in this volume with much force. After all, disease is just as natural, just as normal, as health. Study its origins, and we can trace the operations of fixed laws just as clearly. The book is full of suggestive sentences. The author puts many old and familiar facts in a new light, which imparts to them a new meaning. It is in the spirit of Darwin, and is dedicated to his memory.

Epitome of Diseases of the Skin. By Louis A. Duhring, M. D. Reported by Henry Wile, M. D. 12mo., cloth. Price, 60 cents. J. B. Lippincott & Co.

In the compass of something over a hundred pages is given a series of reports of sixteen lectures by Dr. Duhring, on diseases of the skin. They were printed originally in a medical journal, and though they were suitable enough for the pages of a periodical, they scarcely merited reproduction in a more permanent form.

A Guide to Sanitary House Inspection. By Wm. Paul Gerhard, C. E. 12mo., pp. 145. New York, John Wiley & Sons.

The second title of this little book is "Hints and Helps regarding the Choice of a Healthful Home in City or Country." The author gives ample and clear directions what to look out for when one is making an inspection of a house or building site with a view to determine its sanitary qualities. His advice is sensible and useful.

Lectures on the Principles of House Drainage. By J. P. Putnam, Architect. 12mo., pp. 125. Boston, Ticknor & Co.

The subject of drainage in this volume is treated from the point of view of the architect and builder. The various methods are explained, and their relative merits discussed. A number of illustrations serve to explain the text. The author is well acquainted with his subject, and his lectures form a valuable contribution to the sanitary literature of the day.

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WOMEN IN MEDICINE.

We have always held that women have a perfect right to study and to practice medicine, if they are so inclined. We have neither the power nor the inclination to interfere with them. But, we hold that it would be much more in accordance with the fitness of things were their ministrations confined to members of their own sex; but here again we cannot interfere, for if a man chooses to engage the professional services of a woman, he is at perfect liberty to gratify his inclinations.

But, since it is the paramount duty of journalism to criticize what seem to be abuses, it becomes to us a necessity to call attention to what seems to us a false position in which women are sometimes placed, and a position such as is calculated not only to foster immorality, but to positively hamper the doctor in the performance of his duties.

Fortunately, the question of women in medicine seems to have regulated itself very nicely, and there is no clashing or trouble, but occasionally a point arises that would seem not altogether as it should be and that demands some attention.

As a rule, the practice of the two sexes runs in different grooves, but occasionally (we have a notable instance in a large hospital in this city) we find them commingled. On a recent occasion we saw a case of haematuria under the care of a male visiting physician, whose resident in the hospital was a young woman. The question was there and then suggested to our mind, suppose this or any other male patient requires the passage of a catheter, who will perform the operation? Upon inquiry, we were answered that it was the duty of the resident.

The inmates of this hospital are gathered from the very lowest classes in society, from men whose moral sense is very much blunted, and who in many instances have very markedly developed their lower animal passions. It happens sometimes that the residents (physicians) in this hospital are young and exceedingly attractive personally.

Now then, without mincing matters, we wondered whether when a young and attractive-looking woman freely handled the genitals of a depraved and morally anæsthetized man, whose

physical ailments were so slight as to leave his passions unfettered, very unpleasant if not disastrous results might not sometimes ensue.

And, following out this line of thought, we asked ourselves whether the authorities are doing right to place women in a position where they are not only subject to unpleasant experiences, but where, owing to the peculiar and usually most sacred relations of the sexes, their full measure of duty might be interfered with.

We leave this subject for meditation, pointing out merely what seems to all men a rather peculiar position in which women are sometimes placed.

FURTHER ABOUT THE CONGRESS.

The whole question of this "International Congress business" resolves itself into the question as to whether a creative body has or has not the right to modify that which it has created, and we most positively believe that it has such a right.

Let it be once for all understood that the invitation for the International Medical Congress to meet in this country in 1887, the invitation that was extended and that was accepted at Copenhagen, issued from the American Medical Association and that the present organization of the Congress is in perfect accord with this body. The Association has not rebelled against the handful of "kickers;" they, on the contrary, are in open rebellion against the body that is the *most representative body of the profession in this country*.

It is not only idle, it is absolutely childish for journals that know better to keep up this talk about the failure of the Congress. Some of the very best men in this country are actively in sympathy with the Association and the Congress, and they are men of such eminence and such force of character that the Congress is sure not only to be, but to be a great success.

Not to consume space, we will mention but three names—Dr. Austin Flint, Sr., of New York; Dr. Nathan S. Davis, of Chicago; and Dr. Henry H. Smith, of Philadelphia. Is there a physician's office in the civilized world in which the names of this triumvirate are unknown? Let us ask our

English readers whether, if the Congress were to be held in England, and the name of Sir James Paget went forth to the world as the President; in Berlin, and we had Virchow, or in Austria, and we had Billroth, they would not feel satisfied that the Congress deserved success and distinguished attendance from foreign countries, even though some few dozens of men of lesser eminence, being left out in the cold, had rebelled against harmonious unity.

It is true that some very prominent men have withdrawn their allegiance from the Congress as it now stands constituted, but in nearly all instances their withdrawal has been the result of peculiar pressure brought to bear by the originally disappointed "handful."

This clique is a powerful one, there is no denying that; but that it owns or can control the medical profession of this country is preposterous, and would be impertinence were it not ridiculous.

We have ample evidence that many of these rebels now regret the course they have pursued, and sigh for the days that have been numbered; we know that the large publishing houses that control the few journals that have championed these rebels regret exceedingly the course that their editors have pursued; we know, as the representative journal of the profession of this country, that the profession, as a body, are in hearty accord with the American Medical Association, and we can assure our transatlantic readers that the Congress will be held in Washington in 1887.

STATE VACCINE FARMS.

A contemporary calls attention to the need that exists for a supervision of vaccine companies. Were this operation always performed with *pure and reliable virus*, the props would be entirely knocked from under that small band of misguided fanatics who belittle this beneficent practice.

Its occasional unreliability and its occasional production of disease, carried by its agency from one to another are the only arguments that they have, and of these exceptional cases they manufacture oftentimes great agitations, as witness the

disgraceful scenes that have recently occurred in Montreal.

So long as the supply of vaccine virus is a matter purely of trade, so long will we be subjected to danger of adulteration, so to speak, for like all other trades, this one is liable to abuse. When inferior and less costly articles can be foisted upon the people, there are always found those ready to so defraud.

We have urged before, and we now urge again, that the question of virus supply should be under control of the state or of the government. By such means the prospects are that we could procure a good and reliable supply. Government commodities are nearly always of a high quality, though it is true the public have to pay for this excellence; but then we should not object, and the majority of us certainly *would* not, when the end to be attained was so desirable.

NOTES AND COMMENTS.

A Young Mother: Unsuspected Pregnancy.

Dr. A. E. Legat thus writes in the *Brit. Med. Jour.*, October 10th: On June 30th, I was called about 7 a. m. to see J. S., a girl aged 14 years and 4 months. Her mother informed me that her daughter had been much pained across the bowels since one o'clock that morning, that "some color was coming away," and she did not know what was the matter. I learned that the girl began to menstruate when twelve years of age, and was regular for eighteen months afterwards. She had not, however, been "unwell" since, and her mother had been dosing her with the usual old woman's remedies. Her neighbors told her that it was not uncommon for "the courses" to stop in young girls, and that she would get all right again. The patient presented the usual external signs of pregnancy; and, on making a vaginal examination, though with some difficulty, owing to the girl's resistance, I found her well advanced in the second stage of labor. The child was born in three or four pains afterwards, the perineum stretching rapidly and easily, without much apparent distress to the patient. The labor was in all respects natural, the child of average size, and the young mother made a good recovery.

This case, I think, is worthy of record for two reasons. First, neither her mother nor her neigh-

bors had any suspicion of pregnancy. They had been struck with the girl's stoutness, but no one guessed the real cause. Her mother, by way of treatment I suppose, took her for a walk of nine miles only three days before her confinement. Secondly, while I have never attended so young a mother, I have rarely seen an easier labor in a multipara.

One painful element in the case was that her stepfather was the reputed father of the child, and that she had been deterred by threats from telling any one of the criminal connection.

The Antiphlogistic Touch of the Therapeutic Knife.

Those who have listened to Dr. Pancoast's clinics have repeatedly heard this procedure described. For those who have not been so favored we reproduce his remarks before the New York State Medical Society:

"If he sees a patient early enough, this enables him to say with almost absolute certainty that there will be no abscess. Having exhibited the little knives which he is in the habit of using, he stated that the special excellence which characterizes them is, that they leave no scar. By means of one of these the part is punctured in numerous places, and the dead blood let out. The method is applicable to tumors of almost any sort, as it affords the best possible means in deep-seated blood-letting of the part. The moment a bubo, or other gathering, becomes hard and refuses to yield to the action of local applications, he freely punctures it with his little knife, and occasionally he finds that there is a drop of pus on the point. By this method he has even cured some cases of goitre, both cystic and fibroid, or at least rendered the growth so small that it gave no further trouble. He also gives internal remedies, however, such as Donovan's solution and iodide of potassium, with the addition of cinchona or whisky, if the patient's condition seems to demand it. Many other glandular growths can also be successfully treated in the same way."

Capsicum in Hemorrhoids.

A case is mentioned by a correspondent of a Peruvian medical journal of a case of bleeding piles cured by capsicum. The patient was a man of 28 years of age. He was much distressed by passing variable quantities of blood after going to stool, and suffered a good deal from anal irritation and tenesmus. No tumor could be detected. He had formerly been in the constant and daily habit of using a violent purgatives for ten months, and

after he left it off, obstinate constipation followed, and it was under these circumstances that the hemorrhage commenced. The writer tried all kinds of remedies and regulated the diet without producing any great improvement, and at last was contemplating surgical measures, when he happened to mention the case to a hospital physician, who suggested a trial of capsicum, as he had himself been cured of a very obstinate form of chronic dysentery by its means, and he felt sure that it possessed the property of acting on the rectum. This was consequently prescribed with meals, and the doses gradually increased. A marked improvement soon was observed, and at the end of a couple of months a complete cure was effected.

A Plum-stone in the Trachea.

A little boy, aged nine and a half years, who had cracked a plum-stone with his teeth, swallowed a portion, which stuck in the larynx. His respiration became stridulous, and five hours afterwards he was brought into the Reich's Hospital in Christiania. No signs of the stone could be seen with the laryngoscope, but, the symptoms being urgent, crico tracheotomy was performed; the foreign body which was two centimètres long by one broad, was extracted through the upper extremity of the wound. This was then closed, as the respiration was free. Bronchitis and pneumonia set in, so that it was a month before the child recovered. Dr. A. Malthe, who relates this case in a Norwegian medical journal, considers that lung-complications after tracheotomy are usually due to the inhalation of cold air through the tracheal opening. In this case, ordinary tracheotomy was not performed, because the foreign body was evidently impacted high up in the neighborhood of the cricoid cartilage.

Cocaine Anæsthesia.

Dr. J. Leonard Corning informed us through the *N. Y. Med. Jour.*, September 19, that it is possible to prolong the anæsthetic effect of cocaine to any desired extent by simply obstructing the circulation of the blood through the tissues into which it is injected, thus effectually preventing its escape from the area desired to be rendered anæsthetic. Now Dr. M. J. Roberts tells us in the same journal, October 24, that he has performed two operations, one "femoral supra-condyloid osteotomy for genu valgum," in a boy four years of age, the other "excision of the hip-joint;" both under the influence of superficial and deep

injections of cocaine, with no suffering to the patient. The circulation in the part was controlled by elastic bands. Truly this is a wonderful and epoch-marking discovery; for if we can secure sufficient anæsthesia to perform capital surgical operations, and yet avoid the unpleasant features of ether and chloroform, we have made a wonderful discovery.

Antipyrin in Phthisis.

M. Rollet, an interne, furnishes to the *Lyon Medical*, August 2, 1885, an account of the results obtained by Dr. Mayet's trial of this substance in cases of phthisis during the last four months. These are—

1. That the medicine is well borne in half-gramme doses to the extent of from two to four grammes per diem.
2. That in spite of its manifest anti-thermic power it exerts scarcely any influence on the general condition of tuberculous patients arrived at the last stage of the disease, in whom all the other symptoms then continue to increase in intensity.
3. It is especially indicated, and may lead to a certain amount of amelioration, in tuberculization that is but little advanced, when fever is the principal cause of the debility.

Artificial Respiration in Sunstroke.

A medical man writes to one of our English exchanges that he treated a case of sunstroke, in the end of March, by employing artificial respiration (Silvester's method), when, after the usual treatment was employed, he could not detect the least sign of breathing, though the heart was acting strong and well at first. The patient regained consciousness in about ten minutes and recovered.

The success of the mode of treatment employed in this case throws a light on the pathology of the state of the lungs seen in some cases of death from sunstroke.

In a case of passive congestion of the lungs in enteric fever, he caused the patient to inspire deeply six or eight times every half hour for several days, and also attended to the posture of the patient; the result was recovery.

Fracture of Three Ribs and Probable Contusion of the Liver.

Dr. M. S. French, the Police Surgeon of this city, whose experience among the police is very extensive, has furnished us with the particulars

of the following interesting case: A man was tossed by a bull, had three ribs broken, received a severe scalp wound and what seemed to be a contusion of the liver. This latter opinion was surmised from the fact that for several days he had a bilious diarrhoea, that was ushered in by a rigor. For a time hepatic abscess was feared. He was given minute doses of calomel and podophyllin, with large doses of quinine at bedtime. During the course of his illness, erysipelas of the scalp set in, which was controlled by large doses of tincture of chloride of iron and quinine. Before the injury he had been exposed to malarial influences, doing night duty along the banks of a canal, the bottom of which was frequently exposed. His recovery was complete.

An Incompatible of Antipyrine.

In the *New York Med. Jour.*, October 24, 1885, Dr. Eccles announces that while making pharmaceutical investigations, he had occasion to mix some sweet spirits of nitre with a solution of antipyrine. At first the mixture was clear and colorless, but, after some hours' standing, became green. The optical appearances of this fluid were identical with those of the anilines, and, as antipyrine was a coal-tar product, he supposed the change was due to the formation of a green aniline, and so it had proved to be. This incompatibility was all the more important as both substances were used for antipyretic purposes, and might be prescribed together.

A Curious Fracture of the Skull.

Before the recent meeting of the New York State Medical Society, Dr. Govan read the report of this rather peculiar case. The patient was struck by a railway train, and when seen was found to be perfectly unconscious, and to have a fracture of the skull, with depression behind and above the left ear, which was caused by his head striking the ground. The patient remained unconscious for four days, and an operation for raising the depressed bone was just about to be undertaken, when it was ascertained that the bone had risen spontaneously to nearly its normal position. On the following day the depression had still further disappeared, and the patient was found to be conscious and able to speak. From this time he gradually recovered.

Monobromated Camphor in Alcoholism.

Dr. James Weir tells us in the *Louisville Medical News* (Oct. 17,) that he was called to see a man

on the verge of *delirium tremens*. He had a nurse appointed him and gave him a pill (hydrarg. chlo. mite, grs. x). Five hours after the administration of the pill he had a copious and free defecation. He then ordered a capsule of camphor monobromat. (grs. v.), to be administered every hour until sleep ensued. Later, he was found still restless, very nervous, and apprehensive. He had taken but one pill. He ordered another at once, to be repeated every hour. After the third dose he fell into a calm sleep and slept till 10 o'clock the following day, when he awoke and clamored for his breakfast, entirely recovered.

For Infantile Eczema.

In the *Rev. Therap.*, October 1, we note the following preparation for the cure of infantile eczema:

B. Vaseline, 3*ij.*
Picis liquidae,
Hydrarg. chlor. mit., $\frac{1}{2}$ 3*ss.* M.

Apply two or three times daily until cure is effected, unless the remedy becomes too irritating, when its use should be suspended for a short time. When the eruption is situated upon the head, a valuable and convenient adjuvant to the treatment is a rubber cap.

A Diuretic Mixture.

Dr. Joseph Mullone, of Lyons, Ind., writes to the *N. Y. Med. Jour.*, that he has treated a number of severe cases of anasarca, most of them of distinctly malarial origin, and has been much pleased with the action of the following formula:

B. Compound spirit of juniper, 0*j.*
Sulphate of iron, 3*ij.*
Acetate of potassium, $\frac{1}{2}$ 3*ss.*
Fluid extract of digitalis, fl. 3*ij.*
Syrup of squills, fl. 3*ss.*

Dose, a tablespoonful three times a day. In severe cases the patient is to drink also a cold infusion of elder root.

Presence of Blood in the Urine.

Luchini (*Deutsch. Amer. Apoth. Zeit.*, August 1, 1885,) publishes a new method, which in view of its absolute reliability, on account of its great simplicity, would be decidedly preferable to all procedures thus far in vogue for the same purpose, viz., the discovery of the presence of blood in the human urine. The method consists in the shaking of 10 cm. of the urine, which has been acidulated with one drop of acetic acid, with three cm. of chloroform. If the urine contains but one drop of blood, the chloroform accumulating at the bottom will assume a reddish tint.

SPECIAL REPORT.

PROGRESS OF OTOTOLOGY.

Continued from Report of MEDICAL AND SURGICAL
REPORTER April 18, 1885.

BY LAURENCE TURNBULL, M. D.

Aural Surgeon Jefferson Medical College Hospital.

Surgical Opening of the Mastoid.—The disposition of the present day is not to operate by perforating the bone even in deep-seated disease of the mastoid process, or cells in which there is caries with altered blood or pus.

This procrastination in our opinion may be the cause of death in many instances, for no matter what means we may employ, if this is not done and a free vent or outlet given to the pus and dead bone, it will pass inwards towards the brain, where there is the least resistance. It is certain, as stated by Schwartz, that the numerous cavities of the ear are particularly adapted for the retention of large purulent masses which if not removed, gradually dry up and become caseous, and this is especially the case with the antrum mastoidum of children, which is about the size of a cherry-stone, and, as it lies behind and above the tympanum, easily collects the pus when the child lies on its back in bed. According to Buhl, tuberculous self-inflection from caseous collections is most common in youth—at the time when the body is growing, and the formation of blood and lymph is active.

You have no idea how frequently the tuberculosis of children is dependent on purulent retention in the cavities of the ear, and it is only necessary to prove this to examine the cavities of the petrous bone, which lie superficially just beneath the dura-mater, and which can usually be easily broken open with forceps. If this were done greater care would hereafter be taken to prevent and remove the pus from within the ear. The following is Dr. Morpurgo's opinion of the operation: *Le Operazioni Da Praticarsi Sull' Apofisi Mastoidea. Dott Eugenio Morpurgo, Estratto dal Bollettino delle Malattie dell' Orecchio della Gola e del Naso.*—Anno 111, No. 2,

" 1. The dangers of damaging important organs in the mastoidea process, are in most cases avoidable, thanks to our improved methods of operating. In no case should they be used as an argument against the operative act, as such accidents lose all their importance when compared with the favorable indications of the operations.

" 2. The time allowed to cure non-operated cases cannot be fixed, but it must be borne in mind that in all such cases, while waiting the onset of

very serious symptoms, it is liable to render the operation useless.

" 3. Wilde's incision, to be of avail, must be employed in the early stages.

" 4. The question of opening the tender spot of the process is indicated by the intensity of pains of the neuralgic form, even if not accompanied by fever or other grave symptoms.

" 5. The abscesses which, in the mastoid region, in the course of an otitis media chronica require the breaking up of the bone so as to be enabled to examine the latter minutely."*

What have been the results of this operation? A careful analysis will show by statistics that the success has been most satisfactory. Schwartz† has collected and published one hundred cases, with carefully detailed histories, temperature charts, etc. The following is in brief a list of ages of the patients and results:

Between two months and one year	6 cases.
" one year and ten years	23 "
" eleven and twenty years	32 "
" twenty and thirty years	20 "
" thirty and forty years	4 "
" forty-one and fifty years	7 "
Over fifty years	8 "
 Total	100 cases.
Cured	74
Not cured	6
-Died	20
 Total	100

It will be noticed in the table that the largest number of cases are between the boy of eleven years and the young man of twenty years, just reaching the most important period of his life; then follows that of twenty and thirty years. By the term "cured" he means the cessation of the purulent process and the entire relief from pain.

Schwartz states that the average duration of treatment in his cases was from nine to ten months. In the six cases not cured the cause of failure was unsuitable mode of operation and improper after-treatment. Of the twenty deaths, six were from meningitis tuberculosa, two from abscess of the brain, one from pneumonia catarrhalis, three from tuberculosis pulmonalum, and one from epithelioma. In only one case was the operation the direct cause of death by a splinter of bone perforating the dura mater.

As observed by Schwartz, from the history of

*Of the cases of operation mentioned, and which constitute a small portion of the number examined by me, the first two were operated by me; the last, owing to the social position of the patients, were compelled to seek refuge in the hospital, and were addressed by me to my respected friend, Dr. Escher, one of the few surgeons who interested themselves in the progress of otology. I was able to assist at the operation and follow the course of the disease.

† Archives für Ohrenheilkunde, xv., xvi., xvii., xviii.

the above cases (which we cannot give in detail), the fact appears that it is possible by the perforation of the mastoid to bring the most difficult and tedious cases of caries of the temporal bone to a perfect and permanent cure, even when the petrous portion is involved in the carious destruction.

Ninety-eight cases of perforation of the mastoid process have been collected by Poinsot (*Dict. Méd. et Chirurg.*), in 35 of which the trephine or trepan was used; in the remainder other instruments—gonge, drill, trocar, etc.—were employed. Of the total number of cases, 15 terminated fatally; in two the result is not stated; in 5 there is no recorded result; 5 others were under treatment at the time at which these cases were reported; the rest were successful. Of the 35 cases in which the trephine or trepan was used, 4 terminated fatally; in the total number of cases, the results of which are differently specified, 17 per cent. were fatal, and 21 per cent. successful. Buck, of New York, has collected 39 cases of suppurative inflammation of the mastoid in which the cases were left to nature (expectant treatment); 34 were fatal.

The Influence upon the Hearing.—This depends upon the amount of disease in the sound-conducting apparatus of the ear proper. In seventeen of Schwartz's cases the hearing becomes normal, in the remaining cases the hearing distance varied from two to thirty-four cm.

On the Value of the Ophthalmoscopic Examination in Diseases of the Mastoid, with Brain Complication.—Dr. Knapp states that in his opinion neuro-retinitis is not a frequent symptom, but when present a most important symptom of brain disease, because it is objective, and is positive evidence that the inflammation has extended to the cranial cavity.

It is not only of very great value in determining the appropriateness of opening the mastoid in many cases, but also in furnishing us a kind of barometer, whose rise and fall (that is increase and decrease of the neuro-retinitis) will point towards aggravation or amelioration of tympanomastoiditis.

He has also found it of peculiar value at the period when the opening of the mastoid may be allowed to close, which should not be as long as the neuro-retinitis has not yet disappeared.

Politzer states that he cannot from his own experience confirm the conclusion that optic-neuritis and the appearance of engorgement of the retina, occurring in suppuration of the middle ear, are sure signs of already commenced secondary cerebral affection, as he has recently found such phenomena in cases in which there was not the

slightest indication of a cerebral affection. Tauler observed in one case, after the opening of mastoid process on the retina of the affected side, hyperæmia and ecchymosis, which formerly existed, disappear.

A very good authority, Dr. Charles F. Kipp,* on the subject of optic neuritis in cases of purulent inflammation of the middle ear, writes with regard to the ophthalmoscopic appearances observed in his cases, "that they differed in nowise from those in the ordinary form of optic neuritis of moderate degree. The swelling of the optic papilla, although never very great, was always distinctly visible during the height of the disease. The color of the papilla was either reddish or reddish-gray, and the edge of the papilla was either blurred or completely hidden. The adjacent retina was more or less opaque, and it, as well as the peripheral portion of the papilla was distinctly striated. The retinal veins were always fuller than normal. Hemorrhage and white plaques on the disk or in the retina were seen in only a few cases. The more intense form of optic neuritis known as choked disk, which occurs in connection with tumors of the brain, he has never seen in cases of otorrhœa.

From the drift of the discussion in the American Otological Society, 1884, it would almost appear as if there were no precise indication for the opening of the mastoid. Dr. Knapp† desired to state that he considers this operation as legitimate, and in many cases as unambiguously indicated as any surgical operation, for instance that of glaucoma.

In cases where the indications for opening the mastoid were doubtful, he relied, more than any other symptoms, upon a *constant, intense pain* radiating from the ear and mastoid over the corresponding half of the head, sometimes more pronounced at the vertex, at other times more in the forehead or the occiput.

(*To be continued.*)

CORRESPONDENCE.

Early Closing of the Fontanelles.

EDS. MED. AND SURG. REPORTER:—

I will be grateful for information through the columns of the MEDICAL AND SURGICAL REPORTER in regard to the significance of premature closure of fontanelles. Can find nothing definite in my text-books. Here is the case in question:

* Archs. Otology, vol. xix., No. 1, p. 5, March, 1885.

† Transactions Otological Society, Medical News, Philadelphia, July 28, 1884.

B. H., infant, five months old, apparently perfectly healthy, has never been sick; bright and playful. Both parents healthy, and without any known constitutional disease. The fontanelles closed in this child's head at the end of the first week of its life. There is now only a slight depression of the anterior fontanelle. Is prognosis necessarily bad?

E. L. DAWSON, M. D.

Camden, Ark.

Morphia Habit by Vaginal Injections.

EDS. MED. AND SURG. REPORTER:

The following case merits publication. If it does not open a physiological problem as to the action of the absorbent glands of the mucous membranes, it at least demonstrates that the opium habit may be formed under peculiar circumstances.

On October 4th, I was consulted by Mrs. E. J.—, a respectable farmer's wife, aged fifty-five, her appearance slightly emaciated, but otherwise normal. She informed me that twenty years ago, while suffering from prolapsus uteri, accompanied with ulceration of the os, she used injections of morphine per vaginam, with beneficial effects as regards relief of pain, etc. In time she discovered that she could not discontinue their use without intense suffering from general nervous prostration. Efforts to use the morphine by the stomach proved fruitless. Not only did it fail to give the needed stimulation, but caused nausea. She at present uses about two drachms weekly, making a weak solution, and using an ounce vaginal syringe four to six times daily. Calkin's reports a case where the drug was habitually used per rectum, but I believe this to be the first case on record where morphine was indulged in with a vaginal syringe.

H. P. PEEBLES, M. D.

San Gabriel, California.

The Payment of Medical Men by Results.

EDS. MED. AND SURG. REPORTER:

An item in the MED. AND SURG. REPORTER of October 10, 1885, referring to the payment of medical men by results appears much less strange to me now than it would have six months since. Arriving in Butte City, M. T., last May, I was struck with the ludicrousness of the manner in which patients affected with chronic troubles approach the doctor. After relating the history of his complaint and his symptoms in full, and getting the physician's opinion and prognosis of the case, the question almost invariably put is, "Well, doctor, how much will you cure me for?" or "How much is it going to cost me to get cured?" and many insist on being treated in this manner. The doctor replies, stating an amount for which he will treat the patient, stipulating that a certain proportion or all of which must be paid in advance. Having come to an agreement, the doctor prescribes and the patient then feels at liberty to call as often as he likes, knowing that the size of his bill will not depend upon the multiplicity of visits made. I am not sure but this arrangement has its advantages. In the first place, the doctor [getting a portion at least of his fee in advance, and the patient anxious to get his money's worth, as well as to regain his health, will usu-

ally make frequent visits, thus giving the physician a better opportunity of examining the case; and, again, the doctor is enabled to get some compensation for his labor from a class who would otherwise, in all probability, pay nothing.

W. H. DUDLEY, M. D.

Butte City, Montana.

NEWS AND MISCELLANY.

Health Officers, Ancient and Modern.

In the course of his remarks before the American Academy of Medicine (*Medical Record*, November 7, 1885), Dr. Benjamin Lee, Secretary of the State Board of Health of Pennsylvania, said:

The important position assigned to hygiene and State medicine during the past decade, is an evidence at once of the advanced stage of civilization, and of the dense and rapidly-increasing population. It also indicates that long occupancy of the land by successive generations has, at length, overtaxed the regenerative and self-purifying energies of the earth, and that extraordinary methods have now become necessary.

Reference was then made to the honors bestowed on the officers of public health in ancient Rome, and the high esteem in which they were held. To this was largely attributed the excellent sanitary condition of that city.

The second portion of the paper was occupied with a consideration of the organization of boards of health. The first point made was that in selecting the material for boards of health, politics, in the bad American sense of the term, should be rigidly excluded. Where it is possible to avoid it, the members should not be elected by the people; especially is this the case in large cities.

Secondly, boards of health should be composed chiefly of physicians; but at least one member should be a man eminent among his fellows for prudence and judgment in trade and commerce; for doctors are, proverbially, bad business men.

Thirdly, as it is desirable that there should be harmony of action and of sentiment between the municipal government and the board of health, there should be a representative of one on the other.

Fourthly, it is essential for the practical working of the board that it should employ a paid agent, who shall devote as much time as is necessary to inspection and investigation of the sanitary conditions of the locality, and carry into execution the orders of the board.

Finally, every member of the board should receive a fair and even generous compensation for his labors.

Burial vs. Cremation.

The Paris correspondent of the *Lancet*, October 3, thus writes:

One of the arguments against cremation is the possibility of poisoning, or other criminal cases, passing unnoticed, and consequently unpunished; whereas by inhumation this is rendered impossible, at least for a certain time, as has on many occasions been proved. Again, inhumation af-

fords opportunity for proving the innocence of persons falsely accused of having caused the death of their fellow-creatures, either by poison or by other means. Many examples are on record to substantiate either position. The case of the criminal Pel is fresh in the memory of your readers; and only very recently a married woman who was known to be *enceinte* died, and after the usual death certificate, in which it was declared that she had succumbed to an acute attack of pneumonia, she was buried in the ordinary way. Suspicions arising as to her death having been produced by other than "natural causes," the judicial authorities were induced to have the body exhumed and submitted to an examination. The autopsy made by Professor Brouardel revealed lesions due to criminal practices for the purpose of procuring abortion. Three persons, the husband of the deceased, their daughter, and a mid-wife, have in consequence been arrested, and are awaiting their trial. In favor of the second supposition, I may mention that a case also recently occurred in which a boy of twelve years of age, who was undergoing treatment in the St. Louis Hospital for some skin disease, died rather suddenly. Suspicions were entertained as to the boy having been poisoned through the carelessness of the pharmacien, who was supposed to have administered a toxic substance instead of the medicine prescribed by the physician. In this case also the body was exhumed and examined, and it was found that death was caused by congestion of the lungs.

The Nature and Treatment of Cholera.

M. Peter, in a communication to the Académie des Sciences, on the cholera epidemic of 1884, stated that he treated forty-three cholera patients in his wards at the Charité Hospital; twenty six were cured, seventeen died. M. Peter did not believe that cholera was, pathologically, a separate affection, but the last expression of a morbid progressive series of phenomena, beginning with simple diarrhoea, going on to cholera from diarrhoea, then to cholera nostras, and finally to Indian cholera. The morbid series might remain incomplete, and stopped at choleric or cholera nostras. The difference between cholera nostras and Indian cholera was, according to M. Peter, the greater morbid intensity of intrinsic causes. Indian cholera and cholera nostras, he affirmed, were the same affection, and could be provoked by morbid agents. Spontaneous generation of cholera was not inconsistent with its importation. The cause of cholera, according to M. Peter, was some organic poison, probably a ptomaine, which acted on the solar plexus by means of the nerves of the gastro-intestinal mucous membrane. During the typhoid phase, the patient was exposed to sepsis from within or without; during convalescence he was liable to neuralgia, and paralytic and cerebral disturbances. M. Peter recommended blisters above the abdomen, with subcutaneous injections of from five milligrammes to one centigramme of hydrochlorate of morphine under the skin, for relieving cramps, and continuous currents for nervous irritation. This treatment arrested the vomiting. Spinal ice-bags he also believed to be efficacious.

American Academy of Medicine.

At the ninth annual session held in New York city, October 28 and 29, the following papers were read: "The Study of Medicine as a Means of Education," by Dr. R. L. Sibbett, of Carlisle, Pa. "Medical Supervision in Student Life," by Dr. Charles McIntyre, of Easton, Pa. "The Climatic Treatment of Disease, with an Illustration of Western North Carolina as a Health Resort," by Dr. Henry O. Marcy, of Boston. "What is Medicine?" by Dr. Albert L. Gihon, United States Navy. "Health Officers, Ancient and Modern," by Dr. Benjamin Lee, of Philadelphia. "Micro-organisms and their Relation to Disease," by Dr. Samuel N. Nelson. "Observations on the Relation of Bacteria to certain Puerperal Inflammations," by Dr. Ernest W. Cushing, of Boston. "The Physician and his Patient," by Dr. J. D. Kelly, of Utica, N. Y. "On the Physicians of Delaware in the Eighteenth Century," by Dr. Lewis P. Bush, of Wilmington, Delaware.

The following officers were elected for the ensuing year:

President—Dr. R. Stansbury Sutton, Pittsburgh, Pa.

Vice-Presidents—Drs. Lewis P. Bush, Del.; S. J. Jones, Ill.; R. L. Sibbett, Pa., and F. H. Gerish, Maine.

Secretary and Treasurer—Dr. R. J. Dunglison, Philadelphia, Pa.

Assistant Secretary—Dr. Charles McIntyre, Jr., Easton, Pa.

Pittsburg was selected as the next place of meeting, on the third Tuesday in September, 1886.

Ferran's Inoculations.

The Lancet, October 3, 1885, says:

For some time nothing had been heard of Dr. Ferrán and his inoculations, but, according to a letter published in the *Semaine Médicale* of last week, the whole of the population of Cambrils is up in arms against the deputies of Dr. Ferrán who were sent thither to practice the so-called anti-choleric inoculations. It would appear that before these inoculations were commenced there was not a single case of cholera in the town, but from the day that they were put into execution to September 11 eleven deaths from cholera took place, in five of which the persons were inoculated; these five persons were the first victims to the disease, and consequently the conclusion was drawn that these first cases had by contagion determined the disease in others. Moreover, among the inoculated several cases of gangrene of the arm were observed, and it is stated that in Cambrils alone amputation of the arm, sometimes of both arms, in eleven persons that had been inoculated, had to be performed. The panic which reigns among the population, particularly among the inoculated, is said to be indescribable; and I am afraid that, unless Dr. Ferrán can produce *bonâ fide* cases to prove the efficacy of his inoculations, his position will be far from enviable.

Ancient Libraries and Hygiene.

The Lancet tells us that not in Athens only, but in Rome and in Alexandria, there were libraries containing tens of thousands of volumes, while in the provinces there were private book collections

hardly less colossal. Pamphilus of Cæsarea, in Palestine, who was canonized after suffering martyrdom, A. D. 307, had a famous library, which he threw open to the public, and which consisted of 30,000 volumes. These noble institutions were frequented by students sufficiently numerous to require hygienic regulation. Thus, for example, the Roman parchment on which so many of the books were written had to be disused, as its extreme whiteness injured the eyes of the reader. According to Isidore of Spain (Bishop of Seville, A. D. 600-636), architects of libraries came to discountenance gilded ceilings, and to insist on the floors being of *Carystian* (that is, green) marble, because the glare of the gold was found to blunt the vision, while the green refreshed it (*quod auri fulgor hebat et Carysti viriditis reficiat oculos*). For the same reason, in the coin departments of museums the students had to examine the denarii on cloths of myrtle green, and the artists in gems when at work used to glance from time to time at the backs of *scarabei*, than which nothing is greener (*quibus nihil est viridius*), says Isidore, to relieve the eye congestion induced by their minute and intense labor.

Pasteur's Discoveries in Inoculation for Hydrophobia.

A recent cablegram to the *New York Herald* states that Dr. Louis Pasteur's experiments have resulted in a most brilliant success. At, perhaps, the most important sitting held by the Academy of Sciences, Dr. Pasteur thus described the process of cure by means of a rabbit inoculated with the fragment of a tissue taken from the spine of a rabid dog. The inoculation of the poison occupied fifteen days. As soon as the first rabbit inoculated was dead, a portion from its spinal marrow was, in turn, inoculated into a second rabbit, and so on until sixty rabbits had been inoculated. At each successive inoculation the virus increased in potency, and the last period of incubation did not occupy more than seven days.

Having ascertained that exposure to dried air diminished the virus, and consequently reduced its force, Dr. Pasteur supplied himself with a series of bottles of dried air. In these bottles he placed portions of inoculated spinal marrow at successive dates, the oldest being the least virulent and the latest the most so. For an operation, Dr. Pasteur begins by inoculating his subject with the oldest tissue, and finishes by the injection of a piece of tissue whose bottling dates back only two days, and whose period of incubation would not exceed one week. The subject is then found to be absolutely proof against the disease.

What is Murder?

The *Denver Medical Times* says that a certain doctor was called to see a lady in the middle walks of life, she being in the third month of pregnancy, and was determined, she said, to have an abortion produced. The doctor after listening to her pathetic pleadings for some little time, asked her to give her reason. Her reply was, "Look at this child," she was holding on her lap a little girl, aged twelve months, "not old enough to wean. I cannot take care of two."

"Well," said the doctor, "then you want to get rid of one of them, do you?"

"Yes," said the woman, in a low voice, dropping her head.

"All right," replied the doctor with considerable firmness, and he picked up a hatchet lying near by, and quickly raised it as if to brain the little girl. The woman screamed frantically and caught the hatchet, saying in a wild and frightened voice, "Doctor, what in the name of heaven are you going to do, murder my little darling?"

"Yes," said the sage old doctor, "you said you wished one of them killed."

"Yes, yes, doctor, but not this one."

"But, my dear woman, I prefer to kill this one, because in the other instance I would endanger your life, probably kill you, thereby becoming a double murderer."

Microphthalmos.

Dr. William Kitchen reports this case in one of our foreign exchanges:

The child, a female, is seven weeks old, and is fairly well developed. She was born with two teeth. For the first two days the eyeballs could not be seen in consequence of the closure of the eyelids, and when the child was able to open them, it was observed that the eyes were preternaturally small. The eyeballs are proportionally diminished, the right being smaller than the left. There is slight coloboma of the left iris, but the pupil responds to light. The pupil of the right eye is only a small irregular opening. The cornea of the left eye is quite transparent, but that of the right is slightly opaque. On the left side the appearance is exactly that of a miniature eye with all the parts perfect. He has not been able to examine the fundus, so cannot say in what condition it is. The parents are healthy, and have another child, a fine well developed boy, four years old; his eyes are free from disease or defect. The mother ascribes the unfortunate condition of her second child to a fright when she was three months pregnant, caused by seeing a dead child with the eyes not closed.

Hæmatemesis Neonatorum.

The *Lancet*, October 17, says: This hybrid term may be allowed to describe a symptom which sets in soon after the birth of a child, and not unfrequently leads to its death. The specimen which Dr. Sawtell showed at the Clinical Society last week was an excellent example of multiple ulceration of the mucous membrane of the stomach of the newly born. That the fatal hæmatemesis was due to these ulcers no one could doubt; but in many cases of the sort no ulceration can be detected; and indeed, according to many authors, such ulcerations are certainly rare. But one of the most recent works on children's diseases—Dr. Goodhart's—states that gastric ulcers are not very uncommon in the newly born, and ought to be attributed in some way to the disturbance of balance in the circulatory system which supervenes on the separation of the infant from the placenta. Dr. Radcliffe Crocker made a happy suggestion in attributing such ulcerations to a "purpura" of the gastric mucous membrane, and akin in nature to the less dangerous purpura neonatorum.

Electrolysis.

The French correspondent of the *Medical Press*, October 7, says: "At the Académie de Médecine a member read a paper on the introduction into the economy of certain medicines by means of electricity. If an electric current be passed through a solution of a salt, the salt is decomposed; the metal goes to the negative pole, and the metalloid goes to the positive pole. It is this operation that the author succeeded in accomplishing through the organism, and to which he has given the name of electrolysis. In the case of iodine, he applies to a part of the body a piece of wadding steeped in a solution of iodide of potassium, and then places on it the negative pole, while the positive pole is placed on any other part of the body. The iodine separates itself from the potassium, and is eliminated through the organic tissues towards the positive pole with great rapidity, as may be proved by applying a piece of starched paper, which becomes blue. The author affirms having by this method cured several cases of chronic rheumatism, uterine fibroma, and a case of rheumatic ovarian neuralgia.

Lunacy in Paris.

From a report just issued by the Prefect of the Department of the Seine, it appears that there are now six times as many lunatics in Paris as there were in 1801, whereas there are scarcely three times as many inhabitants in the capital. During the three years ending with 1883 the average number of persons confined as lunatics was 3,509, against an average of 2,714 in the ten years ending 1880. Down to 1866 the number of female lunatics exceeded that of the male; but since that date the men have predominated in an increasing ratio, and now supply nearly 56 per cent. of the total. The numbers of the married and the single are almost exactly equal. The chief of the "physical" causes producing mental disease is excessive drinking, which is responsible for 562 cases out of the 1,067 admitted in the year. Of the "moral" causes, domestic trouble stands first with fifty-nine cases, and after it in order come money losses, alarm, surprise, domestic affliction, and religious mania, which last appears to be comparatively rare in Paris.

The Wearing of the Beard in the French Army.

It is in contemplation to allow the officers and soldiers of the French army to wear beards. This is just as it should be, for it is inconceivable that a man should be deprived of this very comfortable and ornamental appendage merely to satisfy the caprice of a military chief. Various arguments for and against the wearing of the beard and moustache have been adduced from time to time; but those in favor of it will certainly outweigh those against it, not the least of which is that in the French army it will realize a saving of 600,000 francs, setting aside the time that is taken up with shaving, which is worthy of consideration, particularly in time of war. There are not a few opponents in the army to the wearing of the beard. The Minister of War has therefore considered it necessary to have the opinion of the general officers on the subject, and the reports of the latter are to be forwarded to his office.

San Francisco's Drainage.

The *San Francisco Chronicle* has created a sensation by publishing an account of the city sewerage system which exhibits a fearful state of things. In point of fact, the city has no sewerage system. Half the pipes which carry the house discharge to the main sewers are blocked up. Half the main sewers are blocked up too. In many cases the larger pipes are run into smaller ones. In many other cases there is no fall. In nearly all cases the sewers fail to do what they were intended for. It is shown that owing to incompetence, carelessness, stupidity, or corruption, the city is daily and hourly exposed to epidemics, from which probably nothing but the steady ocean breezes save it. To create a new and effective sewerage system would cost millions, but there seems no escape from the outlay. Yet before it can be undertaken the State Constitution will have to be amended probably, as it restricts the expenditures of the city below the necessary outlay.

Lead-poisoning at Sea.

The Paris Municipal Laboratory has received a report concerning an epidemic of lead poisoning which recently happened on a Norwegian vessel coming from Cadiz. Several of the crew exhibited symptoms of lead-poisoning, and the vessel was put into port in New York. The captain and several of his men were sent to the hospital at Coney Island. Two men died; the others recovered, after suffering severely. The affair was investigated, and it was ascertained that impure drinking-water was the cause of the catastrophe. The ship's tank was painted inside with red lead; the water became of a yellowish color. The municipal Laboratory has issued a recommendation to landlords, and all persons who have cisterns or water reservoirs, that resin or tar, dissolved in turpentine or benzine, should be used for painting them. It appears that, in Paris and its suburbs, a great many cisterns are painted with pigment containing lead.

Hygiene in London.

It is greatly to the credit of hygiene, which is thoroughly appreciated and practiced in London, that the extraordinarily low death-rate of 13 per 1,000 of the population was reached recently. This, we are officially informed, is the most favorable rate of mortality ever attained since statistics were regularly compiled and issued for the metropolis, and is beyond precedent also (we believe) when compared with any other large city of the world. When we consider the enormous area and population of this modern Babylon, with the average addition of one thousand births over deaths within its radius weekly, it is the more astounding, and points unmistakably to the salubrity of its situation, the thoroughness of its drainage, its excellent water supply, and lastly, though not the least important factor, its complete sanitary supervision and control.

The Medical Press Gagged.

The *London Med. Times* says: A Russian journal of hygiene entitled *Health*, has just been suppressed by a tribunal consisting of several high officials, including the Minister of Education him-

self, and representatives of the ministry of justice, and the ministry of the interior. Curiously, too, the legal adviser of this triumvirate was the ecclesiastical lawyer of the Holy Synod, so that we may consider that not only law, justice, and education, but even religion itself, was invoked in order to put away the accursed thing. We are not told whom our unfortunate contemporary had offended, or whose property was depreciated by its articles; but we dare say that the individual, whoever he may have been, was very thankful that he lived in a despotic country where inconvenient utterances could easily be stopped.

Surgical Meteorology.

The *New York Medical Journal* says that according to Dr. B. W. Richardson ("Asclepiad"), the time is favorable for operation:

1. When the barometer is steadily rising.
2. When the barometer is steadily high.
3. When the wet-bulb thermometer shows a reading of five degrees lower than the dry-bulb.
4. When, with a high barometer and a difference of five degrees in the two thermometers, there is a mean temperature at or above 55° F.

The time is unfavorable for operation—

1. When the barometer is steadily falling.
2. When the barometer is steadily low.
3. When the wet-bulb thermometer approaches the dry-bulb within two or three degrees.
4. When, with a low barometrical pressure and approach to unity of reading of the two thermometers, there is a mean temperature above 45° and under 55° F.

The Last Episode of the Ferran Inoculations for Cholera.

Under this heading the *Union Médicale*, October 6, published an extract from a communication in the Spanish paper, the *Diario*, of Tarragona, concerning an alarming consequence that has followed the Ferrán inoculations at a small maritime locality called Cambais, situated between Tarragona and Tortosa. No particulars of the number of inoculations that have been effected are given, but it is asserted that nine of the persons who had undergone inoculation, had subsequently been obliged to undergo amputation of one or both arms, in order that the gangrene which ensued might be arrested. At the time the communication was made there were two other persons about to undergo the same operation. A complete panic has arisen in the neighborhood, especially among those who have undergone inoculation.

Prophylactic Inoculations for Yellow Fever.

Il Morgagni, of October 3, reports that Dr. Freire, of Rio Janeiro, has inoculated more than 300 persons with the cultured liquid of the yellow fever microbe. Such inoculations are performed with five or six punctures in one arm, and in a few hours afterwards the patient complains of headache and backache, with a slight rise of temperature. Nausea and vomiting occur in rare cases. These symptoms last sometimes between two and three days, but they are never serious. The inoculations were practiced on individuals who were in the centre of the infected locality. None of them died, and only very few presented

mild forms of yellow fever. On the other hand, 200 deaths from yellow fever occurred in about three months amongst non-vaccinated persons who lived with those who had been vaccinated.

Ether Drunkenness.

One of the members of the Diocesan Synod of Armagh (of Ireland), at its recent meeting, made reference, in discussing the report submitted on temperance, to a practice which exists in various parts of the North of Ireland—namely, the consumption of ether instead of whisky. A large traffic exists in ether, more especially as it is a cheaper intoxicant than whisky. Several cases of insanity are stated to have occurred from the excessive use of ether, some at present being in the Omagh and other lunatic asylums. The following resolution was adopted by the Synod: "That the Temperance Committee be requested to endeavor to obtain legislation which will prevent the unrestricted traffic in ether and other noxious drugs, prevalent in certain parts of the diocese."

Dentistry in Russia.

A set of rules has been published by the Russian Government on the education and qualification of dentists. As evidence of a sufficient preliminary education, they must have passed through six out of the eight classes of a classical or real gymnasium. Their professional studies may be carried out either in universities, where arrangements will be made for the foundation of special odontological chairs, laboratories, and outpatient departments, or in private institutions, approved for the purpose by university authorities. At the end of the period of studentship, the length of which does not appear to be defined in the present regulations, a practical and theoretical examination must be passed, and a diploma obtained.

Electric Cholera.

The *Med. Record* says that a new disease, which has been termed electric cholera, has made its appearance in Spain. A few weeks ago a violent thunderstorm passed over the town of Ecija, in the province of Seville, and two hours after it had ceased upward of three thousand persons were attacked by diarrhoea and vomiting and all the symptoms of cholera. Two thousand more were attacked the day after. All these persons were completely prostrated for twenty-four hours, but recovered without any deaths occurring among them.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the week ended October 31, 1885.

Austin, H. W., surgeon. To proceed to Portland, Maine, on special duty, October 31, 1885.

Carter, H. R., passed assistant surgeon. When relieved, to proceed to New Orleans, La., and assume charge of the service, October 27, 1885.

Battle, K. P. assistant surgeon. Granted leave of absence for thirty days, October 27, 1885.

Williams, L. L., assistant surgeon. To proceed to Chicago, Ills., for temporary duty, October 28, 1885.

The Transmission of Infectious Diseases.

The Paris correspondent of the *Brit. Med. Jour.* (October 10) says that M. Lancereaux, in a communication to the Académie des Sciences, stated that a series of facts, collected in his hospital wards, convinced him that small pox, measles, and scarlet fever, were transmissible from the onset. The period of incubation varied; it was from eight to ten days in inoculated small-pox; from ten to twelve in spontaneous small-pox. A mild form of small-pox might, by transmission, provoke a violent or a mild form.

When Babies are Born.

The usual belief that the majority of labor cases occur in the night seems to be based upon an error, for Dr. Leaman, of Philadelphia, in an analysis of six hundred cases published in the *Medical Times*, finds that three hundred and nineteen were born between the hours of 6 a. m. and 6 p. m. The greatest number occurring during one hour, forty, was between 7 and 8 a. m. The least number, twelve, occurred between 12 m. and 1 p. m.

Schuylkill County Medical Society.

An unusually well attended meeting of the Schuylkill County Medical Society was held in Pottsville, on Wednesday, November 3. A very interesting paper on "Intestinal Obstruction," was read by Dr. A. H. Halberstadt, of Pottsville, and in the evening the Society was handsomely entertained at a reception by Dr. Mary A. Swayze.

Items.

—There are rumors of another medical college in Detroit in the near future.

—Surgeon-General Cornish, in the *Indian Medical Gazette*, urges the propriety of using condemned criminals for the purpose of testing certain mooted points in the pathology of cholera.

—Acting on the suggestion of a scientific journal in Germany, that neutral tints are beneficial to the eyesight, an enterprising publisher in that country has just issued a book printed in dark-blue ink on pale green paper.

—Boston has been able the past week to boast of a genuine Chinese physician—Dr. Lee Sing Sung—who has opened an office in Harrison avenue. He announces himself as late of San Francisco, and modestly adds: "Can cure diseases where all others fail."

—"Ha! ha! That's a good one on women," laughed Mr. Dulman, the other morning. "What tickles you now?" asked Mrs. Dulman. "Why, ha! ha! a Canadian doctor says more than half the women are fools." "Yes," replied Mrs. Dulman, wearily; "I guess he's right. Most women marry."

—Dr. Samuel W. Francis, of Newport, R. I., reports a case of ventral hernia in which the measurements for a truss were as follows: Circumference at the top, forty-one inches; at the middle, fifty-five inches; at the bottom, fifty inches; length from above downward, twenty-four inches.

—Messrs. Giuseppe and Sansoni, of Turin, have recently discovered that the acidity of the urine is rapidly and considerably increased by the inhalation of a few drops of nitrite of amy. Uric acid is passed in large quantities, and forms a deposit in the vessel. A patient suffering from transverse myelitis, and whose urine was alkaline and rich in phosphates, was made to inhale nitrite of amy every two hours for some time. The urine became acid, and the quantity of phosphates diminished.

—General Murray, the Surgeon General of the army, in his annual report, submits estimates for the year ending June 30, 1887, amounting to \$250,000. He says that provision should be made for emergencies, in view of the probability of an invasion of this country by cholera before the close of the ensuing fiscal year. Congress should make provision to enable this department to adopt every means to prevent the spread of this disease in the army. The general health of the army has been good.

—The *Church of England Temperance Chronicle*, a vigorous and ably-conducted organ of temperance, gives some interesting particulars with reference to the spread of sobriety among the agricultural classes. A pamphlet by Mr. John Abbey, which excited considerable interest when published a few years since, advocating the discontinuance of intoxicants on the harvest field, was widely circulated by a committee, and, as a result of this effort, many farmers have substituted a money-payment for the former beer allowance, to the general satisfaction of masters and men.

—The following good joke is at the expense of a Chicago doctor. He was about to anesthetize a patient when, in answer to a question, he informed the victim that he would be entirely unconscious and know nothing until the offending growth had been removed. The patient accordingly commenced to fish his loose change out of his pocket. "Oh, you need not mind the fee until I am through," remarked the considerate doctor. "I don't intend to pay you yet," returned the patient, "I wish merely to count my money, to see how much I have." The doctor saw the point, and was much amused.

MARRIAGES.

BURWELL—CHANCELLOR.—October 21, 1885, in Parkersburg, W. Va., Dr. W. N. Burwell and Miss Nellie Chancellor, daughter of Col. W. N. Chancellor. Dr. Burwell and bride departed on a bridal tour to Philadelphia, New York, Wilmington, Del., and Virginia.

CLOSE—CLOSE.—October 6, 1885, at Niagara Falls, N. Y., at Presbyterian parsonage, by Rev. C. S. Stowitts, Dr. S. L. Close, of Mt. Vernon, N. Y., and Miss Cornelia G. Close, daughter of the late Dr. E. S. Close, of Cincinnati, O.

MILLER—THOMSON.—November 4, 1885, at All Soul's church, by Rev. R. Heber Newton, Dr. George S. Miller, of Hartford, Conn., and Miss Augusta E. Thomson, daughter of the late George Thomson, esq., of New York.

PIPER—SCOFIELD.—October 15, 1885, at the home of the bride, by Rev. James H. Piper, Charles W. Piper, M. D., brother of the officiating clergyman, and Fanny Scofield, both of Hurleyville, Sullivan county, N. Y.

DEATHS.

MCQUESTEN.—October 20, 1885, in Hamilton, Ontario, Canada, Calvin McQuesten, A. M., M. D., in his 85th year. Born at Bedford, now Manchester, N. H., August 7, 1801.

BENJAMIN.—October 30, 1885, in New York city, Joseph R. Benjamin, M. D., aged 46 years.